



Notice of Intent to Transfer Lump-Sum Payment(s) to Qualified Employer Sponsored Plan

Member Information

Member Name:		Member ID:		Member SSN: (Last 4 Digits)	
Address:		City:		State:	Zip Code:
Phone:	Employer Name:			Employer Phone:	

Financial Institution Information

Financial Institution to Receive Payment(s):	
Financial Institution Contact Name:	Phone:

Please be advised that failure to complete this process may result in a recalculation of the cost of your service purchase, cancellation of your service purchase, delaying your effective retirement date, or termination of your retirement benefits.

Certification

I, _____, hereby give notice to Kentucky Public Pensions Authority that I shall transfer the lump-sum payment for accrued compensatory and/or annual leave to be paid to me by my employer at my termination to my account with the Kentucky Public Employee Deferred Compensation Authority or other qualified employer sponsored plan. Thereafter, I shall rollover to Kentucky Public Pensions Authority an amount from my Deferred Compensation or other qualified employer sponsored plan to pay all or part of the remaining balance of my service purchase.

I hereby certify that I have consulted with my employer and have determined that I will receive a total net payment of _____ at my termination representing my accrued compensatory and/or annual leave.

I understand that I must submit this form as well as a completed Form 4170, Direct Transfer/Rollover Authorization to Kentucky Public Pensions Authority, by the due date for payment in my service purchase contract or before my termination date, whichever is earliest. I further understand that I must contact Kentucky Public Pensions Authority and submit a new Form 4172 if the information provided on this form changes.

Member Signature: _____	Date: _____
Payroll Officer's Signature: _____	Date: _____