Kentucky Retirement Systems
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Form 6135
Revised 07/2015

Request for Payment By Check

Recipient Information

The recipient is the person who is receiving the monthly benefit from the retirement system. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address?	◯ Yes	◯ No

Reason for Receiving Retirement Allowance by Check

◯ I do not currently have an account with a financial institution. I will contact the retirement office when I have opened an account to which my benefit may be deposited.

◯ My financial institution does not participate in the Electronic Funds Transfer (EFT) program. The following must be completed by your financial institution:

Name of Institution: _____ Phone: _____

This recipient has an account in our institution, but we do not currently participate in the EFT program.

Authorized Signature of
Financial Institution Officer: _____ Title: _____

Certification

I state that I have full knowledge of the penalty in KRS 523.100 related to falsification of records and that the information provided is true and accurate. I understand that I must contact the retirement office if the above situation changes so that I may have my retirement allowance electronically transferred to my account. The retirement office may require me to verify the above information.

Signature: _____ Date: _____