



Form 6433

04/2021

Authorization for Release of Information and Request for Information for Qualified Domestic Relations Order

Member Information

Member Name:		Member ID:	Phone:
Address:	City:	State:	Zip Code:
Purpose of Request (select all that apply): <input type="checkbox"/> Division of Property <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony/Maintenance			
Are you a retired member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Marriage:	Date of Divorce:

Check this box only if you are making a preliminary request for retirement account information and an actual case number has not been established. If this is a preliminary request, you may skip down to the "Authorization" section and complete that section as directed, if not then the entire form must be completed. In the event that a request for dissolution of marriage is filed and a case number is established, or if you incorrectly indicate that this was a preliminary request, you must resubmit this authorization with all sections completed.

Case Information

Case Name:	v.	
County:	Family/Circuit Court	Case Number:

Attorney Information

Is an attorney representing you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the following information.	
Attorney Name:		Phone:	
Firm Name:		Fax:	
Address:	City:	State:	Zip Code:

Alternate Payee Information: Please provide the following information for the person who will be paid under the Qualified Domestic Relations Order (QDRO).

Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip Code:

Alternate Payee's Attorney Information

Is an attorney representing the alternate payee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the following information.	
Attorney Name:		Phone:	
Firm Name:		Fax:	
Address:	City:	State:	Zip Code:

Authorization: You must complete this section and have your signature witnessed.

I _____ request that Kentucky Public Pensions Authority (KPPA) provide information pursuant to 105 KAR 1:190 Section 4 to me and authorize KPPA to release the information to my attorney, alternate payee, alternate payee's attorney and the court. I agree to release and hold KPPA harmless from any liability whatsoever that may arise from the release of records or information under this Authorization. Said release shall be binding upon me, my spouse, successors, heirs and/or assigns.

Signature: _____	Date: _____
Witness Signature: _____	Date: _____