Kentucky Retirement Systems
Perimeter Park West ●1260 Louisville Rd. ● Frankfort KY 40601-6124
Phone: (502) 696-8800 ● Fax: (502) 696-8822 ● kyret.ky.gov

Print Form

Form 6439
08/2010

Qualified Domestic Relations Order - Alternate Payee Information

NOTICE: The Alternate Payee must complete and return this form to Kentucky Retirement Systems before payments may be issued to the Alternate Payee under the Qualified Domestic Relations Order on file with Kentucky Retirement Systems.

Participant Information: Please provide the Participant's Member ID or Social Security Number in the Participant ID box below.	
Participant Name:	Participant ID:

Alternate Payee Information			
Alternate Payee Name:		Social Security Number:	
Date of Birth:		Address:	
City:	State:	Zip Code:	Is this a new address? ☐ Yes ☐ No

Case Information		
County:	Family/Circuit Court	Case Number:

Certification

I state with full knowledge of the penalty in KRS 523.100 regarding falsification of records that I am the Alternate Payee of the Qualified Domestic Relations Order issued in the above referenced case. I understand that I must inform the retirement office if any of the information I have provided above changes.

Signature: _____ Date: _____