

Kentucky Retirement Systems-  
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Frankfort KY 40601-6124  
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FORM 2022

Member's  
Sec. Sec. No.:


Member's Name: \_\_\_\_\_

## SEPARATION OF ACCOUNTS

### State Administered Retirement Systems

Identify the state administered retirement systems in which you have an account by checking the appropriate boxes below:

☐

**Kentucky Employees Retirement System (KERS)**  
(state employees, health departments, universities)

☐

**Kentucky Teachers Retirement System (KTRS)**  
(certified employees of boards of education)

☐

**County Employees Retirement System (CERS)**  
(city, county and local governments, classified employees of boards of education)

☐

**Legislators Retirement Plan (LRP)**  
(State Senators and Representatives)

☐

**State Police Retirement System (SPRS)**  
(full-time officers of Kentucky State Police)

☐

**Judicial Retirement Plan (JRP)**  
(Judges)

### Waiver of Reciprocity

I, \_\_\_\_\_ (print member name), with Social Security No. \_\_\_\_\_ (print member social security number) hereby waive the reciprocity provisions of KRS 61.680 and elect to retire from \_\_\_\_\_ (KERS, GERS, or SPRS). I acknowledge by waiving reciprocity and separating my retirement accounts, my salary and service used in determining my retirement benefit will not be combined with my account in any other state administered retirement system. I acknowledge I must meet the separate vesting requirements to be eligible for retirement benefits from the state administered retirement system(s) from which I elect not to retire. I acknowledge that once the first retirement allowance is issued by the State Treasurer, the waiver of reciprocity and separation of accounts becomes permanent and irrevocable.

Signature \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_,

County of \_\_\_\_\_,

The foregoing was acknowledged by \_\_\_\_\_ (print member name)  
before me this \_\_\_\_\_ day of \_\_\_\_\_ '20.\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Notary Seal)

Notary Public