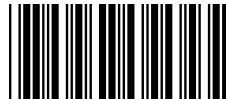


KENTUCKY PUBLIC PENSIONS AUTHORITY1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov[Print Form](#)Form 2022
Revised 11/2025**Separation of Accounts****Member Information**

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:

State Administered Retirement Systems

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

County Employees Retirement System (CERS)

(city, county and local governments, classified employees of boards of education)

Kentucky Teachers' Retirement System (TRS)

(certified employees of boards of education)

Kentucky Employees Retirement System (KERS)

(state employees, health departments, universities)

Legislators' Retirement Plan (LRP)

(State Senators and Representatives)

State Police Retirement System (SPRS)

(full-time officers)

Judicial Retirement Plan (JRP)

(Judges)

Waiver of Reciprocity

I, _____ (print member name), hereby waive the reciprocity provisions of KRS

61.680 and 78.545 as follows:

I elect to separate all of my retirement account(s) marked in Section 2.

I elect to only separate the following retirement account(s) from all other systems marked in Section 2:

(select **ALL** accounts to be maintained and administered individually. Accounts selected below will not be eligible for reciprocity.)

CERS KERS SPRS TRS LRP JRP

I acknowledge that by waiving reciprocity and separating my retirement accounts as marked, my salary and service used in determining my benefit eligibility will not be combined. Upon election to separate my accounts, I acknowledge I must meet separate vesting and eligibility requirements in order to receive benefits for each relevant system. I acknowledge that the waiver of reciprocity and election to separate my retirement accounts will take effect upon KPPA's receipt of this form, and in order to comply with federal law governing retirement benefits, this waiver of reciprocity and election to separate retirement accounts is permanent and irrevocable.

Signature: _____

Date: _____

Acknowledgement

State of _____

County of _____

The foregoing was acknowledged by _____ (print member name)

before me this _____ day of _____, 20 _____

(Notary Seal)

Notary Public _____

My Commission Expires: _____