

KENTUCKY [RETIRED] SYSTEMS  
Perimeter Park West  
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[www.kvretcom](http://www.kvretcom)

FORM 4525

Member's  
Sec. Sec. No.:

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Revised 1/2026[6/08]

**Application for Refund of Member Contributions  
and Direct Rollover/Direct Payment Selection**

Please Read: All information on this form must be completed. Failure to complete all items and sign this form will result in delays

NAME: \_\_\_\_\_  
First Middle Last

HOME ADDRESS: \_\_\_\_\_  
Street City State Zip + 4

BIRTHDATE: \_\_\_\_\_ SEX: Male ☐ Female ☐ PHONE NUMBER: \_\_\_\_\_  
Home: \_\_\_\_\_  
Month Day Year Office: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_

NAME OF AGENCY REFUND/ROLLOVER REQUESTED FROM:

Agency Name	Month	Day	Year
Agency Name	Month	Day	Year
Agency Name	Month	Day	Year

I ELECT A COMPLETE DISTRIBUTION OF MY PAYMENT AS FOLLOWS:

PLEASE NOTE: If you are unsure about the information to provide in this section, please contact our office for assistance from a counselor to avoid possible delays in processing your refund.

<p>If your refund will include taxable monies, you must select one option from this column.</p> <p>Taxable Portion (Contributions have not yet been taxed)</p> <p><input type="checkbox"/> Direct Rollover</p> <p><input type="checkbox"/> Paid Directly to me (less 20% withholding)</p> <p><input type="checkbox"/> Partial Rollover in the amount of \$_____ balance (less 20% withholding) paid to me.</p>	<p>If your refund will include non-taxable monies, you must select one option from this column.</p> <p>Non-Taxable Portion (Contributions have already been taxed)</p> <p><input type="checkbox"/> Direct Rollover</p> <p><input type="checkbox"/> Paid Directly to me</p> <p><input type="checkbox"/> Partial Rollover in the amount of \$_____ balance paid to me.</p>
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COMPLETE PAGE 2 ONLY IF YOU SELECT A ROLLOVER

I certify that I have read the enclosed SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS and have selected the payment option indicated above. I understand that my payment will not be processed until this form is completed and returned to the retirement office. I understand that I have a right to at least 30 days in which to make my decision regarding receipt or rollover of these funds, and by signing and returning this form, I waive my right to the full 30-day period. I understand that if I elect to receive any or all of the taxable portion directly, 20% of the taxable portion paid to me will be withheld for my federal income taxes. I understand that no tax will be withheld if I have the entire taxable portion rolled over directly to an IRA, qualified plan, or other retirement plan that can accept the rollover. If I elect to have any or all of the payment rolled over, I will have the Trustee receiving the rollover complete the back of this form.

YOUR SIGNATURE: \_\_\_\_\_ MEMBER'S SOC. SEC. NO.: \_\_\_\_\_  
DATE: \_\_\_\_\_ DAYTIME PHONE NO.: \_\_\_\_\_

THESE COMPLETED FORMS MUST BE ON FILE WITH KRS BEFORE A REFUND/ROLLOVER WILL BE ISSUED:  
FM-2001 Membership Information FM-2020 Termination Verification FM-4626 Application

**DIRECT ROLLOVER INFORMATION**

(To be completed by Trustee of IRA or eligible plan receiving rollover)

Please complete both sections if the distribution will include a taxable portion and a non-taxable portion.

**Taxable Portion**

- ☐ TRADITIONAL INDIVIDUAL RETIREMENT ACCOUNT/ANNUITY
- ☐ ROTH INDIVIDUAL RETIREMENT ACCOUNT/ANNUITY
- ☐ 401(a) QUALIFIED PLAN, 403(a) QUALIFIED ANNUITY, 403(b) ANNUITY CONTRACT, OR 457(b) GOVERNMENTAL PLAN

Name of Financial Institution: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Account number (if applicable): \_\_\_\_\_

Mail check to: \_\_\_\_\_

As agent for the above named plan, I certify that the above plan is an eligible plan and will accept the rollover for the benefit of the distributee of pre-tax dollars that would otherwise be taxable upon distribution.

Trustee/Agent signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Taxable Portion**

- ☐ TRADITIONAL INDIVIDUAL RETIREMENT ACCOUNT/ANNUITY
- ☐ ROTH INDIVIDUAL RETIREMENT ACCOUNT/ANNUITY
- ☐ 401(a) QUALIFIED PLAN OR 403(b) ANNUITY CONTRACT

Name of Financial Institution: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Account number (if applicable): \_\_\_\_\_

Mail check to: \_\_\_\_\_

As agent for the above named plan, I certify that the above plan is an eligible plan and will accept the rollover for the benefit of the distributee of post-tax dollars, and will separately account for such post-tax dollars, in the case of a 401(a) qualified plan or a 403(b) annuity contract.

Trustee/Agent signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_