

**KENTUCKY PUBLIC PENSIONS AUTHORITY**1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov[Print Form](#)**Form 4525**
Revised 1/2026**Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection**

The earliest a refund may be processed is 45 days following termination of employment. KPPA does not guarantee the date a refund will be issued or the date it will be received once mailed from our office.

Required Information: Failure to complete all items and sign this form could result in delays. This form and verification of termination must be on file at the retirement office before a refund or rollover will be issued.

Member Information

Member Name:		Member ID:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:		City:	State: Zip Code:
Phone (select type) <input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work		Email:	
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

System	Name of Agency Refund/Rollover Requested From	Termination Date		
		Month	Day	Year
<input type="checkbox"/> Kentucky Employees Retirement System (KERS)				
<input type="checkbox"/> County Employees Retirement System (CERS)				
<input type="checkbox"/> State Police Retirement System (SPRS)				

Distribution of Payment Election: 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 benefits.

I elect a complete distribution of my payment as follows:

If your refund will include taxable monies, you must select one option from this column.

Taxable Portion (Monies have not yet been taxed)

- ☐ Direct Rollover
- ☐ Paid Directly to me (less 20% withholding*)
- ☐ Partial Rollover in the amount of \$_____, balance (less 20% withholding*) paid to me.

If your refund will include non-taxable monies, you must select one option from this column.

Non-Taxable Portion (Monies have already been taxed)

- ☐ Direct Rollover
- ☐ Paid Directly to me
- ☐ Partial Rollover in the amount of \$_____, balance

Please complete Page 2. Complete Page 3 only if you select a rollover.

Member Information

Member Name: _____

Member ID: _____

Employer Information: If you have terminated employment with a participating agency within the last 6 months, please have your former employer complete the information below.

Employer Name: _____ Employer Code: _____

Termination Date: _____ Were there wages reported to KPPA after termination? ☐ Yes ☐ NoIf so, were those wages earned prior to the termination? ☐ Yes ☐ No

Signature of Agency Official: _____ Date: _____

Printed Name of Agency Official: _____

Title: _____ Agency Phone Number: _____

Acknowledgments: Subject to penalty of KRS 523.100

- I acknowledge that federal and state law both require a bona fide separation from service with all employers participating in the Kentucky Retirement Systems (KRS) and the County Employees Retirement System (CERS) and, in some cases, entities affiliated with participating employers in order for the Kentucky Public Pensions Authority to pay a refund of a retirement account.
- If I am taking a refund of my retirement account, I affirm that I have had a separation from service with all employers participating in the KRS and the CERS. I also affirm that I do not have a prearranged agreement to return to work for a participating employer (including, in some cases, entities affiliated with participating employers) after I have received a refund.
- I understand that the term "separation from service" as used in this affidavit means a complete severance of any kind of employment relationship (including, but not limited to, work as an independent contractor or leased employee) with all employers participating in the KRS and the CERS (including, in some cases, entities affiliated with participating employers).
- I understand that the term "prearranged agreement" as used in this affidavit means any contemplation of return to employment with employers participating in the KRS and the CERS (including, in some cases, entities affiliated with participating employers) after I have received a refund.
- I understand that the terms "employers participating in the KRS and the CERS" and "participating employer" as used in this affidavit are to be construed in a broad manner, and include not only the employer itself, but may also include certain entities affiliated with participating employers, regardless of whether such entities are holding themselves out as legally separate entities. I am aware that I may contact the Kentucky Public Pensions Authority for assistance if I have any questions about whether an entity affiliated with a participating employer may be included in these terms.
- I acknowledge that if I fail to comply with federal and state law regarding bona fide separation from service, I will be required to repay all refunded contributions paid in error.
- I acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to the penalty of perjury in accordance with Kentucky Revised Statutes 523.010, et seq.
- I understand that by taking a refund, I am forfeiting all service credit and eligibility for future retirement benefits.
- If I am a Tier 3 member (participation date is on or after January 1, 2014) and I am not eligible to retire, I understand that by taking a refund that is not a retirement benefit, I will be eligible to participate in the KRS and/or CERS again if I should become reemployed with a participating employer, but I will not be able to re-establish my original participation date.
- If I am a Tier 3 member (participation date is on or after January 1, 2014), and I am eligible to retire, and taking a refund that is a retirement benefit, I understand that I will not be eligible to participate in the KRS or the CERS again if I should become reemployed with a participating employer.

Certification

I certify that I have read the enclosed SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS and have selected the distribution 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 from my receipt of the SPECIAL TAX NOTICE 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 page 3 of this form.

*If you are a nonresident alien, the mandatory withholding rate is 30% instead of 20%, unless a tax treaty exemption applies.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Note: Signature of Member is required. Signature of Witness is also required. Failure to sign form and have your signature witnessed by another person will result in the form being voided.

Member Information

Member Name: _____

Member ID: _____

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 (Monies have not yet been taxed)**

- ☐ 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
- ☐ SIMPLE IRA that has been established for at least two (2) years

Make check payable to: _____

Account number (if applicable): _____

Send 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: _____

Phone: _____

Title: _____

Date: _____

Non-Taxable Portion (Monies have already been taxed)

- ☐ Traditional Individual Retirement Account/Annuity
- ☐ Roth Individual Retirement Account/Annuity
- ☐ 401(a) Qualified Plan or 403(b) Annuity Contract

Make check payable to: _____

Account number (if applicable): _____

Send 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: _____

Phone: _____

Title: _____

Date: _____