KENTUCKY PUBLIC PENSIONS AUTHORITY
1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

FORM 6010 ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ **Retirement Date:** _____ Retirement Type: _____

Member: _____ Beneficiary: _____

Member Date of Birth: _____ Beneficiary Date of Birth: _____

Please Select ONE payment option by checking one box below	Payment to member while living	Payment to beneficiary after member's death
☐ Basic/Annuity	$_____	$0.00
☐ Life with 10 Years Certain	$_____	$_____or $0.00
☐ Life with 15 Years Certain	$_____	$_____or $0.00
☐ Life with 20 Years Certain	$_____	$_____or $0.00
☐ Survivorship 100%	$_____	$_____
☐ Survivorship 66 2/3%	$_____	$_____
☐ Survivorship 50%	$_____	$_____
☐ Pop-Up	$_____	$_____
☐ Life with 10 Years Certain	$_____	$_____or $0.00

PARTIAL LUMP SUM WITHOUT SURVIVOR RIGHTS (*See Note)

☐ One Time Payment = $_____ PLUS $_____ $0.00

PARTIAL LUMP SUM WITH SURVIVOR RIGHTS (*See Note)

☐ One Time Payment = $_____ PLUS $_____ $_____

SOCIAL SECURITY ADJUSTMENT OPTION (*See Note)

☐ Without Survivor Rights Until Age 62 $_____ Age 62 and After $_____

☐ With Survivor Rights Until Age 62 $_____ Age 62 and After $_____

☐ I reject all monthly payment options and request an ACTUARIAL refund of approximately $_____. I am also forfeiting any health insurance and death benefits provided by the Kentucky Public Pensions Authority. *See Note

☐ I reject all monthly payment options and request a LUMP SUM refund of approximately $_____. I am also forfeiting any health insurance and death benefits provided by the Kentucky Public Pensions Authority. *See Note

* NOTE: If you select the Partial Lump Sum or Refund Option, you must also complete and return the enclosed Form 6025, Direct Rollover/Direct Payment Election Form. The Form 6025 is located in the Special Tax Notice.

(*QDRO*)

☐ Initial Here

I understand that the amounts listed above have not been reduced by the amount that is payable to the alternate payee as directed by the Qualified Domestic Relations Order currently in effect on my retirement account. I understand that if I choose a monthly payment option the alternate payee will receive $_____ of the BASIC payment option listed above. If I choose a PLSO option, the alternate payee will receive $_____ of the one-time lump sum payment and $_____of the correlating Without Survivor Rights monthly payment. If I choose an actuarial refund or lump sum the alternate payee will receive $_____ of that payment amount.

Certification

I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option or beneficiary except under limited circumstances as outlined in KRS 61.542.

Signature of Recipient: _____ Date: _____

Signature of Spouse _____ Date: _____

OR Signature of Witness _____ Date: _____

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FORM 6010 - CB ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ **Retirement Date:** _____ Retirement Type: _____

Beneficiary: _____ Member: _____
Beneficiary Date of Birth: _____ Member ID: _____
Beneficiary Address: _____
_____

The payment options available to the Trust are listed below.

Please select ONE payment option by checking one box below.	**Payment to Trust**

☐ I reject all monthly payment options and request a(n) LUMP SUM refund of approximately $_____. *See Note

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Certification
I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Trustee(s): _____ Date: _____

Witnessed by: _____ Date: _____

Signature of Co-Trustee(s)
(if applicable): _____ Date: _____

Witnessed by: _____ Date: _____

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FORM 6010 - ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ **Retirement Date:** _____ Retirement Type: _____

Beneficiary: _____ Member: _____
Beneficiary Date of Birth: _____ Member ID: _____
Beneficiary Address: _____
_____

The payment options available to the Estate are listed below.

Please select ONE payment option by checking one box below.	**Payment To Estate**
LUMP SUM REFUND	
☐ One Time Payment =	$_____

* NOTE: If you select the Refund Option, you must also complete and return the enclosed Form 6016, Federal Income Tax Withholding Preference for Non-Periodic Payments to Estates.

Certification
I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Executor/Administrator: _____ Date: _____

Witnessed by: _____ Date: _____

Signature of Co-Executor / Co-Administrator (if applicable): _____ Date: _____

Witnessed by: _____ Date: _____

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FORM 6010 - ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ **Retirement Date: _____** Retirement Type: _____

Member Information

MEMBER NAME Member ID: _____

This account has multiple beneficiaries.

Beneficiary Information	**Percentage of the Benefit Listed Below**
BENE NAME 1 ADDRESS LINE 1 ADDRESS LINE 2, ZIP	_____%
BENE NAME 2 ADDRESS LINE 1 ADDRESS LINE 2, ZIP	_____%
BENE NAME 3 ADDRESS LINE 1 ADDRESS LINE 2, ZIP	_____%

The payment options available to beneficiaries of this account are listed below. Please note that the total payment amount is provided for each payment option. The percentages shown above reflect the percentage of the total payment each beneficiary will receive. All beneficiaries must select the same payment option and sign the same Form 6010 (see signature section below).

Please select ONE payment option by checking one box below.	**Payment to Beneficiary**
☐ 60 Months Certain (See Note*)	$_____ per month for only 60 months
☐ 120 Months Certain (See Note*)	$_____ per month for only 120 months
☐ We reject all monthly payment options and request a(n) LUMP SUM refund of approximately $_____. We are also forfeiting any health insurance provided by the Kentucky Public Pensions Authority. **See Note	

*NOTE: By selecting this option, I will forfeit health insurance benefits when my monthly payments end.

**NOTE: If the actuarial refund, lump sum refund, or 60 months certain option is selected, each beneficiary must complete and return a Form 6025, Direct Rollover/Direct Payment Election Form. The Form 6025 is located in the Special Tax Notice.

Certification

I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Recipient: _____ Date: _____

Signature of Witness _____ Date: _____

Signature of Recipient: _____ Date: _____

Signature of Witness _____ Date: _____

Signature of Recipient: _____ Date: _____

Signature of Witness _____ Date: _____

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FORM 6010 - ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ **Retirement Date:** _____ Retirement Type: _____

Beneficiary: _____
Beneficiary Date of Birth: _____
Beneficiary Address: _____
_____

Member: _____
Member ID: _____

Please select ONE payment option by checking one box below.	**Payment to Beneficiary**
☐ Life Annuity	$_____per month for your lifetime
☐ 60 Months Certain (*See Note)	$_____per month for only 60 months
☐ 120 Months Certain (*See Note)	$_____per month for only 120 months

☐ I reject all monthly payment options and request a(n) ACTUARIAL refund of approximately $_____. I am also forfeiting any health insurance provided by the Kentucky Public Pensions Authority. **See Note

* NOTE: By selecting this option, I will forfeit health insurance benefits when my monthly payments end.

**NOTE: If you select the actuarial refund, lump sum refund or 60 months certain you must also complete and return the enclosed Form 6025, Direct Rollover/Direct Payment Election Form. The Form 6025 is located in the Special Tax Notice.

Certification
I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Recipient: _____ Date: _____

Signature of Witness _____ Date: _____

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FORM 6010 - ESTIMATED RETIREMENT ALLOWANCE

Retirement Plan: _____ **Retirement Date:** _____ Retirement Type: _____

Beneficiary: _____ Member: _____
Beneficiary Date of Birth: _____ Member ID: _____
Beneficiary Address: _____
_____

Please select ONE payment option by checking one box below. **Payment To Beneficiary**

LUMP SUM REFUND OF MEMBER'S ACCUMULATED ACCOUNT BALANCE (*See Note)

☐ One Time Payment = $_____

*NOTE: If you select the actuarial refund or lump sum refund you must also complete and return the enclosed Form 6025, Direct Rollover/Direct Payment Election Form. The Form 6025 is located in the Special Tax Notice.

Certification
I certify that I have selected the option of my choice. I understand that after the first day of the month in which I receive my first retirement check, I will not have the right to change my payment option except under limited circumstances as outlined in KRS 61.542.

Signature of Recipient: _____ Date: _____
Signature of Spouse _____ Date: _____
OR Signature of Witness _____ Date: _____