

**KENTUCKY PUBLIC PENSIONS AUTHORITY**1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov**Form 6035**

Revised 09/2026

Beneficiary and Payment Option Change

NOTICE: Retired members may be eligible to make changes to their account beneficiary and/or payment option under certain conditions. This form is not valid unless it is completed correctly, with required date of birth documentation attached, and is received in the retirement office no later than 120 days after the date of marriage, remarriage, or prior to the member's death, whichever occurs first.

Member Information Please provide your Member ID or Social Security Number in the Member ID box below.

Member Name:		Member ID:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:	City:	State:	Zip Code:
Member's Date of Birth:	Email:		

Retirement Account Beneficiary Designation: If you have multiple retirement dates, please complete a form for each retirement date.

☐ Kentucky Employees Retirement System (KERS)
☐ County Employees Retirement System (CERS)
☐ State Police Retirement System (SPRS)
Retirement Date:

Marital Status

Is this beneficiary change due to your recent (within 120 days) marriage or remarriage? ☐ Yes ☐ No

A retired member receiving a monthly retirement allowance who marries or remarries after retiring may make a one-time election within 120 days of marriage or remarriage to provide monthly survivorship benefits to his/her new spouse by designating the new spouse as beneficiary. The member must submit this form within 120 days of marriage or remarriage. Upon receipt of a valid Form 6035, the retirement office will mail additional forms for you to complete and return. All forms must be received in the retirement office by the end of the month to be effective with the following month's retirement payment; changes to a member's retirement payment option will not be retroactive.

Any new survivorship payment option shall be actuarially equivalent to the monthly payment option the member was receiving prior to the change and shall not impact any other benefits otherwise payable to an alternate payee under a valid Qualified Domestic Relations Order already on file at the retirement office.

You must provide date of birth verification and a copy of your marriage certificate with this form. Acceptable forms of date of birth verification include a copy of any of the following: birth certificate, state issued driver's license that requires date of birth verification, U.S. Passport, Military ID or Discharge, Immigration and Naturalization records.

Spouse Name:		Date of Marriage or Remarriage:	
Spouse Social Security Number:	Date of Birth:	Gender:	
Address:	City:	State:	Zip Code:

CERTIFICATION AND AUTHORIZATION

**If you are eligible and you choose to submit changes using this form, the change made to your account beneficiary is irrevocable.**

In lieu of benefits I am currently eligible to receive from the Kentucky Employees Retirement System, County Employees Retirement System and/or State Police Retirement System ("the Systems"), I elect to change my retirement account beneficiary, and to have my monthly retirement payment options recalculated. I understand that this election is irrevocable.

If changing my payment option, I understand that, if this form is valid, I will be sent Form 6050, Payment Option Change Designation, to select a survivorship payment option for my spouse. I understand that the Form 6050, Payment Option Change Designation, must be received by the retirement office within 120 days of the date of marriage or remarriage. If the Form 6050 is not received by the retirement office by the deadline, or is deemed invalid, I understand my current monthly retirement payment option will remain in effect and my designation of my spouse as beneficiary shall be void. I understand that my election to change my monthly retirement payment option will be effective the month following the Systems' receipt of my valid Form 6050 and will not be made retroactive.

Your Signature: _____ Member ID: _____

Date: _____