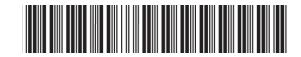


KENTUCKY PUBLIC PENSIONS AUTHORITY 1260 Louisville Road • Frankfort, KY 40601 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 6036 Revised 04/2024

Beneficiary Designation Change

NOTICE: Retired members may be eligible to make changes to their account beneficiary under certain conditions. This form is not

valid unless it is completed correctly and re	eceived in the r	etirement office prio	r to the membe	r's death.		
Member Information Please provide your N	lember ID or S	ocial Security Numb	er in the Membe	er ID box below	<i>l</i> .	
Member Name:		Member ID:	Member ID:			
KPPA will update contact information for your retiren	nent account base	ed on the details provided	d below.			
Address:		City:		State:	Zip Code:	
Member's Date of Birth:		Email:	4			
Retirement Account Beneficiary Designatio	n: If you have I	multiple retirement d	lates, please co	mplete a form	for each retirement date.	
☐ Kentucky Employees Retirement System	(KERS)					
County Employees Retirement System (C						
State Police Retirement System (SPRS)						
Retirement Date:						
Please select one of the beneficiary types b	elow by check	ing the appropriate I	oox and provide	the required i	nformation.	
Retired members receiving a monthly retireme with period certain payment option may elect t this beneficiary change does not change the page 1.	o change his/he	er beneficiary by filing	this form with th	e retirement off	ice. Please note that making	
Person						
Name:		Social Sec	urity Number:			
Date of Birth:	Relationship:			Gender:		
Address:		City:		State:	Zip Code:	
My Estate No additional information required.		•				
Living Trust						
The following information is required to designate submit a copy of the trust with this form. A chair						
Name of Trust:			Trust Tax ID:			
Trustee or Successor Trustee Contact Information	tion: Our office	will contact the trustee	e listed below foll	lowing your dea	th.	
Name:						
Address:		City:		State:	Zip Code:	
Testamentary Trust						
A testamentary trust is established by the mem	ber's will and ta	akes effect following th	e member's dea	th. No additiona	al information required.	
CERTIFICATION AND AUTHORIZATION						
If you are eligible and you choose to irrevocable.	o submit chan	ges using this form,	the change ma	de to your acc	ount beneficiary is	
In lieu of benefits I am currently eligible to red and/or State Police Retirement System ("the Spayment options recalculated if applicable Lucian and applicable Lucian III applicable III app	ystems"), I elec	t to change my retiren	nent account ber	em, County Em neficiary, and to	ployees Retirement System have my monthly retirement	

Your Signature:	Member ID:	
Date:		