

**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 received in the retirement office prior to the member's death.

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:

Please select one of the beneficiary types below by checking the appropriate box and provide the required information.

Retired members receiving a monthly retirement allowance under the Basic, Social Security Adjustment Option without Survivor Rights, or a life with period certain payment option may elect to change his/her beneficiary by filing this form with the retirement office. Please note that making this beneficiary change does not change the payment option selected at retirement. You cannot name yourself as beneficiary.

☐ **Person**

Name:		Social Security 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 a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:	Trust Tax ID:
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Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.

Name:			
Address:	City:	State:	Zip Code:

☐ **Testamentary Trust**

A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

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, if applicable. I understand that this election is irrevocable.

Your Signature: _____ Member ID: _____

Date: _____