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

*6050/ *

FORM 6050

****DATE**

FORM 6050 ESTIMATED RETIREMENT ALLOWANCE

Retirement Date:
Retirement Plan:
Retirement Type:

Member Information

Beneficiary Information
Beneficiary:
Beneficiary Date of Birth:

Member Date of Birth:
Member ID:

Mark [X] in one payment option	**Payment to member while living**	**Payment to beneficiary after member's death**
☐ SURVIVORSHIP 100%	$_____	$_____
☐ SURVIVORSHIP 66 2/3%	$_____	$_____
☐ SURVIVORSHIP 50%	$_____	$_____
SOCIAL SECURITY ADJUSTMENT OPTION:	UNTIL AGE 62	AGE 62 AND AFTER
☐ WITH SURVIVORSHIP	$_____	$_____

Signature of Recipient: _____ Date: _____

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. I understand that my payment option and beneficiary will not change unless I return this form to KPPA and changes will be effective the month following receipt of the Form 6050.This form is due by_____ .