



Print Form

Affidavit of Authorization to Receive Funds on Behalf of Minor

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

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Email Address:		

Minor Recipient Information

Minor Name:	Minor's Social Security Number:
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Comes the Affiant, and states as follows:

My name is: _____ My address is: _____
City: _____ State: _____ Zip Code: _____

I understand that the Minor Recipient named above is the beneficiary of certain benefits payable from the Kentucky Public Pensions Authority on the account of the above named Member.

I am legally authorized to receive the benefits on behalf of the Minor Recipient in my capacity as (check one):

- ☐ Natural/custodial parent of the Minor Recipient
☐ Court-appointed guardian, conservator, or other representative of the Minor Recipient (attach a copy of the court authorization)

I hereby certify that the information completed on this form, and documents attached hereto, is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefits, or if I knowingly fail to inform KPPA of any divorce decree, termination of parental rights, adoption, or any other legal process affecting my legal authority to receive funds, I personally may be liable for restitution of benefits for which I was not eligible to receive on behalf of the Minor Recipient, plus civil payments, legal fees, and costs.

Signature: _____

Printed Name: _____

Date: _____

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____.

Notary Public

My Commission Expires: _____