Kentucky Public Pensions Authority
1260 Louisville Rd. • Frankfort KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Print Form

Form 6810
Revised 04/2021

Certification of Beneficiary

Member Information Please provide your Member ID or Social Security number in the Member ID box below.	
Member Name: [redacted]	Member ID: [redacted]

Beneficiary Information If an individual is the beneficiary, please complete the following section. If an Estate or Trust is beneficiary skip to the Estate or Trust Information section.			
Name: [redacted]			Social Security Number:
Telephone Number:			Date of Birth: exampleexampleexample
Address:	City:	State:	Zip Code:
Relationship to member:			
Authority of Signature: ○ Beneficiary ○ Guardian ○ Power of Attorney			
Signature:			Date:
Witness:			Date:

Estate or Trust Information Complete this section only if the Estate or Trust is beneficiary.			
Name of Representative(s):			Telephone Number:
Address:	City:	State:	Zip Code:
Federal Tax ID No. (Provide the Estate EIN or Trust ID if applicable):			
Fiduciary Authority : ○ Administrator / Executor / Personal Representative ○ Trustee (Trust only)			
Fiduciary's Signature:			Date:
Witness:			Date:
Fiduciary's Signature: (for multiple executors only)			Date:
Witness:			Date: