



**Kentucky Public Pensions Authority** | **Kentucky Retirement Systems**

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**Form 6826**

## Revised

11/2025[03/2009]

**Print Form**

**Affidavit for Collection of Account Under \$1000 by Next of Kin Without Formal Administration of Estate**

## Member Information

Member Name:

Member ID:

Comes the affiant, \_\_\_\_\_ with Social Security No. \_\_\_\_\_ (your name) of \_\_\_\_\_ (Your Name)

[with Social Security No. \_\_\_\_\_ (your social security number)] and hereby swears and affirms that:

1. I am over the age of eighteen (18) years and am otherwise competent to be a witness. I have personal knowledge of the facts and matters set forth herein.
2. This affidavit is being made pursuant to KRS 61.703 and 105 KAR 1:350 for the collection of a deceased member, retiree, or recipient account.
3. \_\_\_\_\_ [~~name of decedent~~], with Social Security No. \_\_\_\_\_ [~~(decedent's social security number)~~]  
(Name of Decedent)  
died on \_\_\_\_\_, 20 \_\_\_\_\_ [~~(date)~~] and was a resident of \_\_\_\_\_ County, State of \_\_\_\_\_, at the time of death, and that ninety (90) days have elapsed since the date of death. I have attached a death certificate.
4. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

6. I affirm that (check only one):

- I am the surviving spouse of the decedent.
- I am the surviving child, and no spouse survives the decedent.
- I am the surviving parent, and no spouse or child survives the decedent.
- I am the surviving brother or sister, and no spouse, child, or parent survives the decedent.

7. The deceased member, retiree, or recipient account totals no more than \$1,000 and I am entitled to payment of the account.

8. I acknowledge that the Kentucky Retirement Systems shall be discharged and held harmless to the same extent as if conducting business with a personal representative; and in the event any person or entity establishes a superior right to the account, I acknowledge that I shall be answerable and accountable for the member, retiree, or recipient account to any creditor or appointed personal representative for the estate.

Signature:

Date:

## Notary Certificate

State of:

County of:

Notary Seal

My Commission Expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_