



**KPPA**



**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)

\_\_\_\_\_, [(street-address)] \_\_\_\_\_ [(city)] \_\_\_\_\_ [(state)]  
(Street address, city, and state)

[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.
5. The value of the decedent's gross estate, wherever located and less liens and encumbrances, does not exceed the exemption amount established in KRS 391.030 or the amount exempt from formal distribution in the state in which the member was domiciled at the time of their death[\$7,500].
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: \_\_\_\_\_

The foregoing affidavit was acknowledged, by \_\_\_\_\_ (affiant's name) before me this \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

Notary Seal

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

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