KPPA

Kentucky Public Pensions Authority

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Form 6826

Revised 11/2025

Print Form

Affidavit for Collection of Account Under $1000 by Next of Kin

Member Information

Member Name:	Member ID:

Comes the affiant, _____, with Social Security No. _____,of
(Your Name)

_____and hereby swears and affirms that:
(Street address, city, and state)

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. _____with Social Security No. _____ died on _____, 20___ and was a
(Name of Decedent)
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.

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____.

My Commission Expires: _____

Notary Seal

Notary Public:_____