KENTUCKY PUBLIC PENSIONS AUTHORITY
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Print Form

Form 6032
04/2021

Assignment of Death Benefit by Designated Beneficiary

Notice: This form may be completed by the designated beneficiary of a deceased retiree's death benefit.

A retiree wishing to designate a beneficiary for their death benefit should complete Form 6030, Death Benefit Designation.

Member Information

Name:	Member ID:

Information for Beneficiary Designated by Retiree

Name:			
Identification Number (SSN, EIN or TIN):		Phone:	
Address:	City:	State:	Zip Code:

Assignee Information

Please check the appropriate box below, complete the necessary information and provide the requested documentation with this form. Failure to complete this form properly or provide the requested documentation may invalidate the form.

☐ **As beneficiary of this benefit, I am assigning the Death Benefit to a bank.**

Name of Bank:		Phone:	
Contact Name:	Contact Position:		
Address:	City:	State:	Zip Code:

☐ **As beneficiary of this benefit, I am assigning the Death Benefit to a funeral home.**

Please enclose a copy of the Funeral Home License.

Name of Funeral Home:			
Funeral Home License Number:	Phone:		
Contact Name:	Contact Position:		
Address:	City:	State:	Zip Code:

Authorization

As the designated beneficiary of the deceased member named above, I hereby assign and transfer the death benefit provided by KRS 61.705 to the funeral home or bank named above.

It is expressly understood that this assignment, as authorized by KRS 61.705(4), authorizes and directs the Authority to release and pay the death benefit, less mandatory federal and state withholding tax, to the funeral home or bank I designate, following the submission of all documentation required by the Authority.

It is further expressly understood that this assignment of death benefit does not appear to be eligible under the rules and regulations of the Internal Revenue Service as a qualified disclaimer of income. As a result, the Authority will report the death benefit on a Form 1099-R issued to the designated beneficiary. Please consult your tax professional for further information.

Your Signature:	Date:
Witness Signature:	Date: