



Affidavit of Authorization to Receive Funds on Behalf of Minor

Member Information Please provide your Member ID or Social Security Number in the Member ID box below.

Member Name:		Member ID:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:	City:	State:	Zip Code:
Phone Number:	Email Address:		

Minor Recipient Information

Minor Name:	Minor's Social Security Number:
-------------	---------------------------------

Comes the Affiant, and states as follows:

My name is: _____ My address is: _____
 City: _____ State: _____ Zip Code: _____

I understand that the Minor Recipient named above is the beneficiary of certain benefits payable from the Kentucky Public Pensions Authority on the account of the above named Member.

I am legally authorized to receive the benefits on behalf of the Minor Recipient in my capacity as (check one):

- Natural/custodial parent of the Minor Recipient
- Court-appointed guardian, conservator, or other representative of the Minor Recipient (attach a copy of the court authorization)

I hereby certify that the information completed on this form, and documents attached hereto, is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefits, or if I knowingly fail to inform KPPA of any divorce decree, termination of parental rights, adoption, or any other legal process affecting my legal authority to receive funds, I personally may be liable for restitution of benefits for which I was not eligible to receive on behalf of the Minor Recipient, plus civil payments, legal fees, and costs.

Signature: _____

Printed Name: _____

Date: _____

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

Notary Public

My Commission Expires: _____