



Authorization for Release of Information and Request for Information for Qualified Domestic Relations Order

Member Information

Member Name:		Member ID or Social Security Number:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:		City:	State: Zip Code:
Phone (select type) <input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work		Personal Email:	
Purpose of Request (select all that apply): <input type="checkbox"/> Division of Property <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony/Maintenance			
Are you a retired member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Marriage:	Date, or expected date, of Divorce:
<input type="checkbox"/> Check this box if this is a preliminary request and an actual case number has not been established. If checked, skip to the "Authorization" section and complete as directed. In the event that a divorce case is filed and a case number is established, or if the form incorrectly indicates that this was a preliminary request, a new authorization with all sections completed must be filed.			

Divorce Case Information – must be completed if a case number has been established.

Case Name:	v.	
County:	Family/Circuit Court	Case Number:

Attorney Information

Is an attorney representing you? <input type="checkbox"/> Yes - complete this section <input type="checkbox"/> No - skip to the "Alternate Payee Information" Section			
Attorney Name:		Phone:	
Firm Name:		Fax:	
Address:	City:	State:	Zip Code:

Alternate Payee Information: Please provide the following information for the person who will be paid under the Qualified Domestic Relations Order (QDRO).

Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip Code:

Alternate Payee's Attorney Information

Is an attorney representing the alternate payee? <input type="checkbox"/> Yes - complete this section <input type="checkbox"/> No - skip to the "Authorization" Section			
Attorney Name:		Phone:	
Firm Name:		Fax:	
Address:	City:	State:	Zip Code:

Authorization: This section must be complete with a signature witnessed.

I _____ request that Kentucky Public Pensions Authority provide information pursuant to 105 KAR 1:190 Section 2 to me and authorize KPPA to release the information to my attorney, alternate payee, alternate payee's attorney, and the court. I agree to release and hold KPPA harmless from any liability whatsoever that may arise from the release of records or information under this Authorization. Said release shall be binding upon me, my spouse, successors, heirs and/or assigns.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____