KENTUCKY PUBLIC PENSIONS AUTHORITY
1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Print Form

Form 6810
Revised 04/2024

Certification of Beneficiary

Member Information Please provide your Member ID or Social Security number in the Member ID box below.	
Member Name:	Member ID:

Beneficiary Information If an individual is the beneficiary, please complete the following section. If an Estate or Trust is beneficiary skip to the Estate or Trust Information section.			
KPPA will update contact information based on the details provided below.			
Name:			Social Security Number:
Phone (select type) ☐ Mobile ☐ Home ☐ Work			Date of Birth:
Address:	City:	State:	Zip Code:
Relationship to member:	Email Address:		
Authority of Signature: ◯ Beneficiary ◯ Guardian ◯ Power of Attorney			
Signature:			Date:
Witness:			Date:

Estate or Trust Information Complete this section only if the Estate or Trust is beneficiary.			
Name of Representative(s):		Telephone Number:	
Address:	City:	State:	Zip Code:
Federal Tax ID No. (Provide the Estate EIN or Trust ID if applicable):			
Fiduciary Authority : ◯ Administrator / Executor / Personal Representative ◯ Trustee (Trust only)			
Fiduciary's Signature:		Date:	
Witness:		Date:	
Fiduciary's Signature: (for multiple executors only)		Date:	
Witness:		Date:	