

**Kentucky Retirement Systems**

Perimeter Park West  
1260 Louisville Rd  
Frankfort KY 40601-6124  
Phone: (502) 696-8800  
Fax: (502) 696-8822  
[www.kyret.com](http://www.kyret.com)

FORM 4170

Member's  
Soc. Sec.

□ □ □ - □ □ - □ □ □ □ □ □

Revised 10/05

**DIRECT TRANSFER/ROLLOVER  
AUTHORIZATION FORM  
SECTION 1  
(to be completed by employee)**

NAME: \_\_\_\_\_

Kentucky Retirement Systems, a qualified public defined benefit plan under IRC Section 401(a), has agreed to permit the transfer/rollover of employee assets in order to enable you to purchase credit for all or part of other allowable retirement service in accordance with the provisions of KRS 61.515 to KRS 61.705. Please understand that the acceptance by Kentucky Retirement Systems of this transfer/rollover for this purpose in no manner constitutes any acknowledgment or representation by Kentucky Retirement Systems with respect to the current tax status of the amount received to purchase allowable service on your behalf.

I understand that I am responsible for any and all tax liability.

I authorize my financial institution to transfer/rollover \$ \_\_\_\_\_ from my account toward the purchase of service credit. I have received a cost of the service from the Kentucky Retirement Systems. DUE DATE FOR SUBMISSION OF THIS FORM (payment due date from cost estimate): \_\_\_\_\_.

EMPLOYEE  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

Submit to your financial institution for completion of Section 2.

**SECTION 2**

To the financial institution making a direct trustee to trustee transfer or rollover of funds: Please complete and return this form to the retirement office by the due date shown above. When sending the transfer/rollover, please make checks payable to: Kentucky State Treasurer, FBO (member name).

I hereby certify that the amount is an eligible transfer/rollover, and that the transfer/rollover is being made from a qualified trust as described in Internal Revenue Code Section 401(a); a Code Section 401(k) account; a Code Section 403(b) account or annuity; a Code Section 457 deferred compensation plan; a "conduit" or "rollover" IRA; or the taxable amounts in a traditional IRA.

Plan Type	Qualified Trust as described in IRC Section 401(a)	IRC Section 401(k)	IRC Section 403 (b) account or annuity	IRC Section 457 deferred compensation plan	"Conduit" or "Rollover" IRA	Taxable amounts in a traditional IRA
Taxed Portion	\$	\$	\$	\$	\$	Not Applicable
Untaxed Portion	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$
Date of Rollover/ Transfer						

FINANCIAL  
INSTITUTION: \_\_\_\_\_  
AUTHORIZED  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

SECTION I AND II MUST BE COMPLETED AND RETURNED NO LATER THAN THE DUE DATE TO AVOID RECALCULATION OF THIS PURCHASE WHICH MAY RESULT IN A HIGHER COST.