KENTUCKY PUBLIC EMPLOYEES' DEFERRED COMPENSATION AUTHORITY

RESIGNATION OF AGENT

NOTE: If a Power of Attorney is not submitted on the standard forms, it will have to be reviewed by the legal department for the Authority first, to determine if it complies with Kentucky law.

I, _____, of _____, _____, have been appointed Agent under that certain Limited Power of Attorney dated _____, 20__, to act for and on behalf of _____, a participant in the Kentucky Employees' 457 Deferred Compensation Plan and/or the Kentucky Public Employees' 401(k) Deferred Compensation Plan. I do hereby resign as Agent of the participant, effective as of the date this document is accepted by the Kentucky Public Employees' Deferred Compensation Authority.

_____
(Signature)

_____
(Please Print Name)

Date: _____

STATE OF _____)
)
COUNTY OF _____)

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

My commission expires: _____

_____
Notary Public

ACCEPTED BY:

KENTUCKY PUBLIC EMPLOYEES'
DEFERRED COMPENSATION AUTHORITY

By: _____

Title: _____

Date: _____