

KENTUCKY PUBLIC EMPLOYEES' DEFERRED COMPENSATION AUTHORITY

REVOCATION OF LIMITED POWER OF ATTORNEY

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 _____, _____,
do hereby terminate, nullify and revoke my Limited Power of Attorney dated _____,
20__, effective as of the date this Revocation 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: _____