



DESIGNATION OF BENEFICIARY

■ **Important** – *The beneficiary designations on this form replace all previous designations.* Read instructions on page 3. If you have more beneficiaries than spaces in any category, please use an Additional Beneficiaries page. Do not attach plain paper or continue on the back of this form. Additional pages must be attached to this completed form to be valid.

Mark this box if you are using additional pages.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638
e-mail: kpers@kpers.org • **web site:** www.kpers.org • **mail:** 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ Part A – Member Information

- 1. Social Security Number: _____ - _____ - _____
- 2. Name (First, MI, Last): _____
- 3. Telephone Number: (____) _____
- 4. Mailing Address: _____
- 5. Employer: _____
- City, State, Zip: _____

■ **Part B – Primary Beneficiary for KPERS Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefit equally. *You must name a primary beneficiary in this section.*

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

■ **Part C – Contingent Beneficiary for KPERS Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefit equally if your primary beneficiary(ies) is not living.

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____ - _____ - _____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Member Name (Please Print): _____ Social Security Number: _____-____-_____

■ **Part D – Primary Beneficiary for Life Insurance (Active Members Only)** – Complete this section if you want to name a separate beneficiary to receive your basic and optional group life insurance. Each beneficiary will share your benefit equally. If you do not want to name a separate beneficiary, leave this section blank and advance to Part F.

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

■ **Part E – Contingent Beneficiary for Life Insurance (Active Members Only)** – For basic and optional group life insurance. Each beneficiary will share your benefit equally if your primary beneficiary(ies) is not living.

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

Name: _____ Social Security Number: _____-____-_____

Person (state relationship): _____ Estate Trust Date of Birth: ____/____/____

■ **Part F – Member Signature** – Only the member may designate a beneficiary. Conservators, guardians and those with power of attorney cannot name a KPERS beneficiary. Member's signature must be witnessed by a disinterested party. Witness may not be a beneficiary. *Second witness required only if member signs with an "X."

Member Signature: _____ Month/Day/Year: ____/____/____

Witness Signature: _____ Month/Day/Year: ____/____/____

*Witness Signature: _____ Month/Day/Year: ____/____/____

■ Who Can You Name as Beneficiary?

You can choose:

- A living person.
- A trust.
- Your estate.
- Any combination of these options.

You cannot name a church or other charitable organization as a beneficiary.

If you choose more than one beneficiary, each will share your benefits equally. You can name separate beneficiaries for your retirement benefits and life insurance. You can also name a contingent beneficiary to receive your benefits if your primary beneficiary is not living. Only members can complete the designation form. Conservators, guardians and those with power of attorney cannot select or change a KPERS beneficiary. Each time you complete a beneficiary form, it cancels all those you have previously completed. Every time you complete the form, fill in both the primary and contingent beneficiary sections if you intend to have a contingent beneficiary. If you complete only the contingent section and leave the primary blank, you will have no primary beneficiary, even if a past form names one. The Board of Trustees recognizes only those designations received in the Retirement System office before your death.

Important: You must name a primary beneficiary for retirement benefits in Part B. If no primary or contingent beneficiary is living at the time of your death, your retirement benefits will be paid according to the line of descendency in K.S.A. 74-4902(7).

■ What Your Beneficiary Receives

Your primary beneficiary for retirement benefits will receive your contributions and interest, or possibly a monthly benefit if your spouse is your sole primary beneficiary (see Surviving Spouse Benefit). He or she will also receive any basic and optional group life insurance you have unless you name a separate beneficiary for your life insurance.

■ Surviving Spouse Benefit (Spouse as Sole Primary Beneficiary)

If you die before retirement, your spouse can choose a monthly benefit for the rest of his or her life, instead of receiving your returned contributions and interest. You must have designated your spouse as your **sole** primary beneficiary for retirement benefits.

Situation #1 *If you were eligible to retire, your spouse begins receiving a monthly benefit immediately.*

Situation #2 *If you were not yet eligible to retire but had ten years of service, your spouse begins receiving a monthly benefit when you would have reached age 55.*

You can name contingent beneficiaries or separate beneficiaries for your life insurance without affecting this benefit option.

■ Naming a Trust or Your Estate

If you name a trust, provide the name of the trust (e.g., Your Name, Trust #1). If you name your estate, write "Estate of (Your Name)" or "My Estate." You can name another primary or contingent beneficiary in addition to your estate or a trust, and each will share your benefit equally.

■ Naming Additional Beneficiaries

If you need to name more beneficiaries than space allows, please use an Additional Retirement or Life Insurance Beneficiaries page. This page must be with your completed Designation of Beneficiary form to be valid. You can download additional pages at www.kpers.org or get one from your designated agent.

■ Inactive Members

Your beneficiary will receive your accumulated contributions and interest, or your spouse can receive the Surviving Spouse Benefit if you meet the criteria. Inactive members are not eligible for group life insurance and do not need to name a beneficiary in Part D or Part E.

■ Membership in More Than One Retirement System (KPERS, KP&F, Judges, Board of Regents)

If you are a member of more than one KPERS-administered retirement system (KPERS, KP&F, Judges), this beneficiary designation will become your designation for all systems. If you are a Board of Regents member and have KPERS service credit, this form designates beneficiaries for KPERS benefits, not your Board of Regents benefits.

For additional information on designating a beneficiary, visit www.kpers.org or refer to your membership guide.