

Designation of Beneficiary

Please type or print using black ink. Instructions on page 3.

■ Important

Read instructions on page 3. If you have more beneficiaries than spaces in any category, please use additional forms. Do not attach plain paper or continue on the back of this form. Check this box if you are using additional forms.

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■ Part A – Member Information

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

■ **Part B – Optional Funeral Home Designation (Retired Members Only)** – If you name a funeral home to receive your \$4,000 death benefit, you must also name a primary beneficiary to receive your other benefits.

1. Funeral Establishment Name: _____
2. Mailing Address: _____
3. City, State, Zip: _____

■ **Part C – Primary Beneficiary for KPERS Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefit equally.

1. Name: _____ Social Security Number: _____ - _____ - _____
 Male Female Relationship: _____ Date of Birth: ____/____/____
Mailing Address: _____ City, State, Zip: _____
2. Name: _____ Social Security Number: _____ - _____ - _____
 Male Female Relationship: _____ Date of Birth: ____/____/____
Mailing Address: _____ City, State, Zip: _____

■ **Part D – Contingent Beneficiary for KPERS Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefit equally if your primary beneficiary(ies) is deceased.

1. Name: _____ Social Security Number: _____ - _____ - _____
 Male Female Relationship: _____ Date of Birth: ____/____/____
Mailing Address: _____ City, State, Zip: _____
2. Name: _____ Social Security Number: _____ - _____ - _____
 Male Female Relationship: _____ Date of Birth: ____/____/____
Mailing Address: _____ City, State, Zip: _____
3. Name: _____ Social Security Number: _____ - _____ - _____
 Male Female Relationship: _____ Date of Birth: ____/____/____
Mailing Address: _____ City, State, Zip: _____

Member Name (Please Print): _____

Social Security Number: ____-____-____

Part E – 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 proceed to Part G.

1. Name: _____
 Male Female Relationship: _____
Mailing Address: _____

Social Security Number: ____-____-____
Date of Birth: ____/____/____
City, State, Zip: _____

2. Name: _____
 Male Female Relationship: _____
Mailing Address: _____

Social Security Number: ____-____-____
Date of Birth: ____/____/____
City, State, Zip: _____

3. Name: _____
 Male Female Relationship: _____
Mailing Address: _____

Social Security Number: ____-____-____
Date of Birth: ____/____/____
City, State, Zip: _____

Part F – 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 deceased.

1. Name: _____
 Male Female Relationship: _____
Mailing Address: _____

Social Security Number: ____-____-____
Date of Birth: ____/____/____
City, State, Zip: _____

2. Name: _____
 Male Female Relationship: _____
Mailing Address: _____

Social Security Number: ____-____-____
Date of Birth: ____/____/____
City, State, Zip: _____

3. Name: _____
 Male Female Relationship: _____
Mailing Address: _____

Social Security Number: ____-____-____
Date of Birth: ____/____/____
City, State, Zip: _____

Part G – 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. If a funeral home is named, funeral home employees may not witness a signature.

*Second witness required only if member signs with an “X.”

1. Member Signature: _____

2. Month/Day/Year: ____/____/____

3. Witness Signature: _____

4. Month/Day/Year: ____/____/____

5. *Witness Signature: _____

6. Month/Day/Year: ____/____/____

KPERS Use Only

■ Who Can You Name as Beneficiary?

You can choose a living person, your estate or a trust. If you choose more than one beneficiary, each will share your benefits equally. You can also name a contingent beneficiary to receive your death benefit if your primary beneficiary is deceased. 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. The beneficiary designations on this form replace all previous designations.** Every time you complete the form, be sure to fill in both the primary and contingent beneficiary sections if you intend to have a contingent beneficiary. If you only complete 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.

■ Naming a Trust or Estate

If you name a trust or estate, provide the name and address of the trust or estate (e.g., John Doe, Trust #1, Sixth National Bank, Collingwood, Kansas 67834). You may not name another primary beneficiary if you name a trust, but you can name contingent beneficiaries.

■ Active Members

The beneficiary for your retirement benefits named in Part C will receive your contributions and interest, or possibly a retirement benefit if your spouse is your **sole** primary beneficiary (See Special Spouse Benefit). They will also receive any basic and optional group life insurance you have unless you choose to name a separate beneficiary in Part E.

Beginning January 1, 2005, new legislation gives you the option to name separate beneficiaries for your retirement benefits and your group life insurance proceeds. If you choose to name one, the beneficiary named in Part E will receive your basic group life insurance and any optional group life insurance. If you choose **not** to name a beneficiary in Part E, the named beneficiary in Part C will receive **all** benefits payable, including your group life insurance.

Important: If you do not name a beneficiary in Part C, your retirement benefits will be paid according to the line of descendency in K.S.A. 74-4902(7).

■ Special Spouse Benefit (Spouse as Sole Primary Beneficiary)

Instead of receiving your returned contributions, your spouse can receive a continuing monthly benefit for the rest of his or her life if you are either eligible for retirement or have at least 15 years of service when you die. For your spouse to receive this benefit, you must name him or her as your sole primary beneficiary for your retirement benefits. You can name a contingent beneficiary and a separate beneficiary for your life insurance, and your spouse is still eligible for this benefit.

■ Inactive Members

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

■ Retired Members

Your beneficiary receives your \$4,000 retiree death benefit and any remaining contributions and interest. In addition to a living person, your estate or a trust, you can name a funeral establishment in Part B as the beneficiary of your \$4,000 death benefit. If you directly designate a funeral establishment, the establishment will pay the tax on the benefit as regular business income. If you designate a funeral establishment, you also need to name another primary beneficiary to receive any other benefits. Retired members are not eligible for group life insurance and do not need to name a beneficiary in Part E or Part F.

■ 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 systems (KPERS, KP&F, Judges), this beneficiary designation will become your designation for all systems. For members with Board of Regents retirement, this form designates only your beneficiary for your KPERS death and disability benefits, not your retirement.

For additional information on designating a beneficiary, please refer to the KPERS website (www.kpers.org) or your membership guide.