



DESIGNATION OF BENEFICIARY

For security reasons, do not submit form by e-mail.

■ **Important** – You have the option to make beneficiary changes in your online account at kpers.org. *Changes online or with 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

email: 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

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: _____

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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

