



3100 Broadway, Suite 1211
Kansas City, MO 64111
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www.kcpsrs.org

KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

Beneficiary Designation Form

SECTION A - MEMBER INFORMATION

First Name: Middle Initial: Last Name:
Social Security Number: Phone Number: Cell Phone:
Address: City: State: Zip code:

SECTION B - PRIMARY BENEFICIARY DESIGNATION

Primary 1 (If listing more than one Primary, all % allocated must total to 100% when added for this section.)
% Allocated: First Name: Middle Name: Last Name:
Social Security Number: Date of Birth: Relationship to You:
Address: City: State: Zip code:

Primary 2
% Allocated: First Name: Middle Name: Last Name:
Social Security Number: Date of Birth: Relationship to You:
Address: City: State: Zip code:

Primary 3
% Allocated: First Name: Middle Name: Last Name:
Social Security Number: Date of Birth: Relationship to You:
Address: City: State: Zip code:

SECTION C - CONTINGENT BENEFICIARY DESIGNATION

NOTE: Your contingent beneficiaries will receive benefits only if all primary beneficiaries are deceased.

Contingent 1 (If listing more than one Contingent, all % allocated must total to 100% when added for this section.)
% Allocated: First Name: Middle Name: Last Name:
Social Security Number: Date of Birth: Relationship to You:
Address: City: State: Zip code:

Contingent 2
% Allocated: First Name: Middle Name: Last Name:
Social Security Number: Date of Birth: Relationship to You:
Address: City: State: Zip code:

Contingent 3
% Allocated: First Name: Middle Name: Last Name:
Social Security Number: Date of Birth: Relationship to You:
Address: City: State: Zip code:

SECTION D - MEMBER SIGNATURE

I hereby request and authorize KCPSRS Board of Trustees to pay any benefits due at my death to the primary beneficiary/beneficiaries named above. I reserve the right to change my beneficiary/beneficiaries any time before my benefits begin by filing a new Retirement Beneficiary Form. This designation supersedes and renders void my previous designations.

Signature: Date:

When completed, return this form to KCPSRS at the address listed above.