



KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

3100 Broadway, Suite 1211
Kansas City, MO 64111
816.472.5800
www.kcpsrs.org

DESIGNATION OF BENEFICIARY – CHANGE FORM

Designated Beneficiary: _____ Relationship: _____

Beneficiary Address: _____

Beneficiary Date Birth: _____ Beneficiary Social Security Number: _____

The above statements are true to the best of my knowledge and belief.

Signature of Member

Date

Member Name (Please Print)

Member Social Security Number

Signature of Witness (Cannot be designated beneficiary)

Date

Witness Name (Please Print)

Witness Address

Designation of a beneficiary on this form revokes all previous beneficiary designations, except that no change of beneficiaries shall be effective unless this form is actually received by the retirement system office at least 48 hours before the death of the applicant.

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