



**KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM**

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 Kansas City, MO 64111  
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 Email: [kcpsrs@kcpsrs.org](mailto:kcpsrs@kcpsrs.org)  
 Website: [www.kcpsrs.org](http://www.kcpsrs.org)**

**BENEFICIARY DESIGNATION FORM**

**SECTION A: MEMBER INFORMATION (PLEASE PRINT)**

First Name	Middle Name	Last Name	Social Security Number
Mailing Address		City	State Zip
Phone Number	Email Address		

**SECTION B: PRIMARY BENEFICIARY DESIGNATION (PLEASE PRINT)**

(If listing more than one Primary, all % allocated must equal 100% when totalled for this section.)

<b>Primary 1</b>	% Allocated	First Name	Middle	Last Name
Social Security Number	Date of Birth	Relationship to You		
Mailing Address		City	State	Zip
Phone Number	Email Address			

<b>Primary 2</b>	% Allocated	First Name	Middle	Last Name
Social Security Number	Date of Birth	Relationship to You		
Mailing Address		City	State	Zip
Phone Number	Email Address			

**SECTION C: CONTINGENT BENEFICIARY DESIGNATION (PLEASE PRINT)**

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

(If listing more than one Contingent, all % allocated must equal 100% when totalled for this section.)

<b>Contingent 1</b>	% Allocated	First Name	Middle	Last Name
Social Security Number	Date of Birth	Relationship to You		
Mailing Address		City	State	Zip
Phone Number	Email Address			

<b>Contingent 2</b>	% Allocated	First Name	Middle	Last Name
Social Security Number	Date of Birth	Relationship to You		
Mailing Address		City	State	Zip
Phone Number	Email Address			

**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 Beneficiary Designation Form. This designation supersedes and renders void my previous designations.

Signature	Date
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*For additional beneficiaries, please print an additional page.  
 Please return completed form to KCPSRS via mail, fax or email as listed above.*