



3100 Broadway, Suite 1211
 Kansas City, MO 64111
 816.472.5800
 Fax: 816.472.5909
 Email: kcpsrs@kcpsrs.org
 Website: www.kcpsrs.org

FINAL BENEFIT PAYMENT DESIGNATION FORM

In the event of a member's death, a final, non-prorated benefit payment will be issued for the month in which the member died on that month's regularly scheduled payment date. This final payment is dispensed in the way the member would normally receive it: direct deposit or mailed check. In the event the financial institution returns those funds to KCPSRS, or the check is returned to KCPSRS, the final benefit payment will be issued to the person the member designated on this form.

SECTION A: MEMBER INFORMATION (PLEASE PRINT)			
First Name	Middle	Last Name	Social Security Number
Mailing Address		City	State Zip
Phone Number	Email Address		

SECTION B: FINAL PAYMENT DESIGNATION (PLEASE PRINT)			
First Name	Middle	Last Name	
Social Security Number	Date of Birth	Relationship to Member	
Mailing Address		City	State Zip
Phone Number	Email Address		

SECTION C: MEMBER SIGNATURE	
I am currently receiving a benefit from the Kansas City Public School Retirement System (KCPSRS). In the event my final benefit cannot be deposited into my authorized financial account or is returned to KCPSRS, I hereby instruct KCPSRS to mail my final benefit payment to the person listed above.	
Original (Written) Signature Required	Date

Please return completed form to KCPSRS via mail, fax or email as listed above.