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## 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				Personal 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.	
Original (Written) Signature Required	Date

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