



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.)

Primary 1	% Allocated	First Name	Middle	Last Name
Social Security Number		Date of Birth		Relationship to You
Mailing Address		City	State	Zip
Phone Number		Email Address		
Primary 2	% 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.)

Contingent 1	% Allocated	First Name	Middle	Last Name
Social Security Number		Date of Birth		Relationship to You
Mailing Address		City	State	Zip
Phone Number		Email Address		
Contingent 2	% 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.*