



DESIGNATION OF AGENT

■ **Important** – Employers use this form to authorize individual staff members to conduct business with the Retirement System. Designated agents are responsible for:

- Communicating important information to members.
- Processing member transactions for enrollment, life insurance, disability, service purchases, withdrawal and retirement.
- Sending contributions through electronic fund transfers (EFT).
- Verifying annual contribution reports.

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■ **Part A – Employer Information** – Always complete this section.

1. Employer: _____ 2. KPERS Employer Number: _____
3. Is this designation for (mark all that apply): KPERS KP&F Retirement System for Judges

■ **Part B – Replace Primary Designated Agent** – Complete this section to **replace** a current designated agent. The Designated Agent cannot sign this part. Designated agents have full employer web portal access. All e-mails must be unique. Individuals cannot share an e-mail address.

1. Name (First, MI, Last): _____
- Title: _____ E-mail Address: _____
- Telephone Number: (____) _____ Fax Number: (____) _____

Authorized By (required*): _____ Title: _____

**The Mayor, Chairman, Agency Director or Superintendent's signature is always required to designate a new primary designated agent.*

■ **Part C – Add Secondary Signers** – A designated agent may name secondary signers to sign reports and forms in the designated agent's absence. Secondary signers also have full employer web portal access. All e-mails must be unique. Individuals cannot share an e-mail address.

1. Name (First, MI, Last): _____
- Title: _____ E-mail Address: _____
- Telephone Number: (____) _____ Fax Number: (____) _____

Additional Signer Signature: _____ Month/Day/Year: ____/____/____

2. Name (First, MI, Last): _____
- Title: _____ E-mail Address: _____
- Telephone Number: (____) _____ Fax Number: (____) _____

Additional Signer Signature: _____ Month/Day/Year: ____/____/____

■ **Part D – Deletions** – List names of secondary signers or additional users you are replacing or who have left employment. New signers and users do not automatically replace current ones. It is important to delete unnecessary signers and users.

Name (First, MI, Last): _____

Name (First, MI, Last): _____

■ **Part E – Required Designated Agent Signature** – Always complete this section. The designated agent's signature is required for the Retirement System to accept this form. If designating a new primary designated agent, the new designated agent must sign, not the one being replaced.

Designated Agent Signature: _____ Month/Day/Year: ____/____/____