



DESIGNATION OF AGENT

■ **Important** – Employers use this form to authorize individual staff members to conduct business with the Retirement System.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638
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■ **Part A – Employer Information** – Always complete this section.

- 1. Employer: _____ 2. KPERS Employer Number: _____
- 3. Mailing Address: _____ City, State, Zip: _____
- 4. Is this designation for (mark all that apply): KPERS KP&F Retirement System for Judges

■ **Part B – 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 signs, not the one being replaced.

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

■ **Part C – Primary Designated Agent** – Complete this section to **replace** a current designated agent.

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.

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: (____) _____

Chairman, Chief Officer or Agency Director Signature: _____ (required*)
**This signature is required any time you want to designate a new primary designated agent.*

■ **Part D – Additional Signers** – Complete #1-2 to **add** additional signers. Complete #3 to **delete** additional signers.

A designated agent may name additional signers to sign reports and forms in the designated agent’s absence. Additional 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: ____/____/____

3. **Deletions:** List names of additional signers you are replacing or who have left employment. New additional signers do not automatically replace current signers. It is important to delete unnecessary signers.

- Name (First, MI, Last): _____
- Name (First, MI, Last): _____