



## DESIGNATION OF BENEFICIARY – RETIRED

■ **Important** – *The beneficiary designations on this form replace all previous designations.* Read instructions on page 2. If you have more beneficiaries than spaces in any category, please use an Additional Retirement Beneficiaries page. Do not attach plain paper or continue on the back of this form. Additional pages must be attached to this completed form to be valid.

Mark this box if you are using additional pages.

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### ■ Part A – Member Information

- 1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 2. Name (First, MI, Last): \_\_\_\_\_
- 3. Telephone Number: (\_\_\_\_) \_\_\_\_\_
- 4. Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

■ **Part B – Primary Beneficiary for KPERS Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefits equally. *You must name a primary beneficiary in this section.*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

■ **Part C – Contingent Beneficiary for KPERS Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefit equally if your primary beneficiary(ies) is not living.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

■ **Part D – Optional Funeral Establishment Designation** – If you name a funeral establishment to receive your \$4,000 death benefit, you also need to name a primary beneficiary to receive any other benefits.

1. Funeral Establishment: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_ 3. City, State, Zip: \_\_\_\_\_

Initial here \_\_\_\_\_ if you intentionally left Parts B and C blank and you wish to keep the beneficiaries KPERS currently has on file.

■ **Part E – Member Signature** – Only the member may designate a beneficiary. Conservators, guardians and those with power of attorney cannot name a KPERS beneficiary. Member’s signature must be witnessed by a disinterested party. Witness may not be a beneficiary. If a funeral establishment is named, employees of the establishment may not witness signature.

\*Second witness required only if member signs with an “X.”

Member Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Witness Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ■ Who Can You Name as Beneficiary?

You can choose:

- A living person.
- A trust.
- Your estate.
- Any combination of these options.

If you choose more than one beneficiary, each will share your benefits equally. You can also name a contingent beneficiary to receive your benefits if your primary beneficiary is not living. Only members can complete the designation form. Conservators, guardians and those with power of attorney cannot select or change a KPERS beneficiary. **Each time you complete a beneficiary form, it cancels all those you have previously completed.** Every time you complete the form, fill in both the primary and contingent beneficiary sections if you intend to have a contingent beneficiary. If you complete only the contingent section and leave the primary blank, you will have no primary beneficiary, even if a past form names one. The Board of Trustees recognizes only those designations received in the Retirement System office before your death.

**Important:** You must name a primary beneficiary in Part B. If no primary or contingent beneficiary is living at the time of your death, your retirement benefits will be paid according to the line of descendency in K.S.A. 74-4902(7).

## ■ What Your Beneficiary Receives

Your beneficiary receives your \$4,000 retiree death benefit and any of your remaining contributions and interest.

If you chose a five, ten or 15-year Life-Certain payment option when you retired, your beneficiary receives a monthly benefit for the rest of the guaranteed period after your death instead of returned contributions and interest.

## ■ Naming a Trust or Your Estate

If you name a trust, provide the name of the trust (e.g., Your Name, Trust #1). If you name your estate, write "Estate of (Your Name)" or "My Estate." You can name another primary or contingent beneficiary in addition to your estate or a trust, and each will share your benefit equally.

## ■ Naming a Funeral Establishment

In addition to a living person, your estate and a trust, you can name a funeral establishment in Part D to directly receive your \$4,000 retiree death benefit for funeral expenses. If you directly name a funeral establishment, the establishment will pay the tax on the benefit as regular business income. If you designate a funeral establishment, you also need to name a primary beneficiary to receive any other retirement benefits.

If you wish to keep your current beneficiaries and simply add the optional funeral establishment designation, you may leave Parts B and C blank and initial the statement in Part D. This will add the funeral establishment to your beneficiary record without changing your current primary and contingent beneficiaries.

## ■ Naming a Minor Child

If you name a minor child as a primary beneficiary, lump-sum benefit amounts under \$10,000 will be paid out under the Kansas Uniform Transfer to Minors Act. The Retirement System will send the guardian or custodian a form to complete and the benefit is paid to that individual on behalf of the minor. If the benefit is \$10,000 or more, Kansas law requires a conservator be appointed to receive the benefit on the child's behalf.

## ■ Naming Additional Beneficiaries

If you need to name more beneficiaries than space allows on the *Designation of Beneficiary – Retired* form (KPERS-7/99R), use an *Additional Retirement Beneficiaries* page. This page must be with your completed *Designation of Beneficiary – Retired* form to be valid. You can download an additional page at [www.kpers.org](http://www.kpers.org) or contact the Retirement System to receive one by mail.

## ■ Membership in More Than One Retirement System (KPERS, KP&F, Judges, Board of Regents)

If you are a member of more than one KPERS-administered retirement system (KPERS, KP&F, Judges), this beneficiary designation will become your designation for all systems.

If you are retired in one retirement system and active in another, you can also complete an *Additional Life Insurance Beneficiaries* page if you wish to name a separate beneficiary for your group life insurance. Additional pages must be with your completed *Designation of Beneficiary – Retired* form to be valid.

For additional information on designating a beneficiary, visit [www.kpers.org](http://www.kpers.org) or refer to your membership guide.