



KPERS-7/99A Rev. 6/17

KPERS Use Only

# DESIGNATION OF BENEFICIARY FOR LIFE INSURANCE KANSAS BOARD OF REGENTS MEMBERS

For security reasons, do not submit application by email.

**■ Important** – *The beneficiary designations on this form replace all previous designations. Read instructions on page 2, especially if you have any KPERS service credit. If you have more beneficiaries than spaces in any category, please use an Additional Life Insurance 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.

**■ Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638  
email: kpers@kpers.org • web site: kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

### ■ Part A – Member Information

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

**■ Part B – Primary Beneficiary for Life Insurance Benefits** – For basic and optional group life insurance. Each beneficiary will share your benefit equally. *You must name a primary beneficiary in this section.*

- Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Person (state relationship): \_\_\_\_\_  Estate  Trust Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Person (state relationship): \_\_\_\_\_  Estate  Trust Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Person (state relationship): \_\_\_\_\_  Estate  Trust Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**■ Part C – Contingent Beneficiary for Life Insurance Benefits** – For basic and optional group life insurance. Each beneficiary will share your benefit equally if your primary beneficiary(ies) is not living.

- Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Person (state relationship): \_\_\_\_\_  Estate  Trust Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Person (state relationship): \_\_\_\_\_  Estate  Trust Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Person (state relationship): \_\_\_\_\_  Estate  Trust Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**■ Part D – Member Signature** – Only the member may designate a beneficiary. Conservators, guardians and those with power of attorney cannot name a beneficiary. Member’s signature must be witnessed by a disinterested party. Witness may not be a beneficiary. \*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 Use This Form?

This form is for Board of Regents members who do not have any KPERS service credit. This form designates a beneficiary for your KPERS life insurance benefits only. Please see your designated agent about designating a beneficiary for your Board of Regents benefits.

## ■ Who Can You Name as Beneficiary?

You can choose:

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

You cannot name a church or other charitable organization as a beneficiary.

If you choose more than one beneficiary, each will share your life insurance benefit equally. You can also name a contingent beneficiary to receive your benefit 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 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. When completed, this form stays with your employer.

## ■ Naming a Trust or 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 Additional Beneficiaries

If you need to name more beneficiaries than space allows, please use an Additional Life Insurance Beneficiaries page. This page must be with your completed Designation of Beneficiary for Life Insurance form to be valid. You can download additional pages at [kpers.org](http://kpers.org) or get one from your designated agent.

## ■ If You Have Any KPERS Service Credit

This form is for Board of Regents members who do not have any KPERS service credit. If you are a Regents member and have any KPERS service credit, you need to complete a Designation of Beneficiary form (KPERS-7/99) instead. This form will allow you to name a single beneficiary or separate beneficiaries for your life insurance benefits **and** KPERS retirement benefits. You can download the form at [kpers.org](http://kpers.org) or get one from your designated agent.

If you do not name a beneficiary on a Designation of Beneficiary form (KPERS-7/99), your KPERS retirement benefits will be paid according to the line of descendency in K.S.A 74-4902(7).

**For additional information on designating a beneficiary, please visit [kpers.org](http://kpers.org).**