



### DESIGNATION OF BENEFICIARY – DROP

For security reasons, do not submit form by e-mail.

**■ Important** – The beneficiary designations on this form replace all previous DROP designations. Complete this form only if you wish to designate a separate beneficiary for your DROP account. Complete a Designation of Beneficiary (KPERS-7/99) form to designate a beneficiary for your retirement benefits or optional group life insurance. Read instructions on page 2.

**■ Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638  
**e-mail:** kpers@kpers.org • **web site:** www.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: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**■ Part B – Primary Beneficiary for KP&F DROP Benefits** – Includes accumulated DROP benefits and interest. Each beneficiary will share your benefits 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**■ Part C – Contingent Beneficiary for KP&F DROP Benefits** – Includes accumulated DROP benefits and interest. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 KPERS beneficiary. Member’s signature must be witnessed by a disinterested party. Witness may not be a beneficiary.

Member 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.

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

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 DROP benefits will be paid according to the line of descendency in K.S.A. 74-4902(7).

## ■ What Your Beneficiary Receives

If you choose to designate a separate beneficiary for your DROP benefits, this beneficiary receives only the accumulated benefits and interest in your DROP account.

## ■ 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 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 – DROP* form (KP&F-7/99DROP), use an *Additional DROP Beneficiaries* page. This page must be with your completed *Designation of Beneficiary – DROP* form to be valid. You can contact the Retirement System to receive one electronically or by mail.

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