



KPERS-7/99 Rev. 12/25

DESIGNATION OF BENEFICIARY

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

■ **Important** – You have the option to make beneficiary changes in your online account at kspers.gov. *Changes online or with this form replace all previous designations.* Read instructions on page 3. If you have more beneficiaries than spaces in any category, please use an Additional 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@kspers.gov • web site: kspers.gov • 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 KPERS Retirement Benefits** – Includes accumulated contributions and interest. 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: _____

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 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: _____

☐ 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: _____

Name: _____ Social Security Number: _____

☐ Person (state relationship): _____ ☐ Estate ☐ Trust Date of Birth: _____

(more)

Member Name (Please Print): _____ Social Security Number: _____

■ **Part D – Primary Beneficiary for Life Insurance (Active Members Only)** – Complete this section if you want to name a separate beneficiary to receive your basic and optional group life insurance. Each beneficiary will share your benefit equally. If you do not want to name a separate beneficiary, leave this section blank and advance to Part F.

Name: _____	Social Security Number: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____
Name: _____	Social Security Number: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____
Name: _____	Social Security Number: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____
Name: _____	Social Security Number: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____
Name: _____	Social Security Number: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____

■ **Part E – Contingent Beneficiary for Life Insurance (Active Members Only)** – 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: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____
Name: _____	Social Security Number: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____
Name: _____	Social Security Number: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____
Name: _____	Social Security Number: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____
Name: _____	Social Security Number: _____
<input type="checkbox"/> Person (state relationship): _____	<input type="checkbox"/> Estate <input type="checkbox"/> Trust Date of Birth: _____

■ **Part F – 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: ____/____/____
Print Witness Name: _____	Telephone Number: _____

Information About Naming a Beneficiary

■ Important

- You must name a primary beneficiary for retirement benefits. If you don't have a beneficiary, your benefits will be paid by the line of descendents in K.S.A. 74-4902(7).
- If you have more than one beneficiary (primary or contingent), each will share the benefits equally.

■ Who Can You Name as Beneficiary?

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

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

You can name separate beneficiaries for your retirement benefits and life insurance.

■ 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 other primary or contingent beneficiaries in addition to a trust or estate.

■ Naming a Minor Child as Beneficiary

- The Retirement System pays lump-sum benefit amounts under \$25,000 based on the Kansas Uniform Transfer to Minors Act. KPERS will send the guardian or custodian a form to receive the benefit on the minor's behalf.
- If the benefit is \$25,000 or more, Kansas law requires an appointed conservator.

■ Active, Disability and Inactive Members Only

- **Retirement Beneficiaries:** Receive your contributions and interest, or a surviving spouse benefit (if eligible). They also receive any life insurance you have, unless you name a separate life insurance beneficiary.
- **Life Insurance Beneficiaries:** Receive any basic and/or optional life insurance you have.

- **Surviving Spouse Benefit:** Instead of receiving your account balance, your spouse can receive a monthly benefit for life if you meet certain criteria. To be eligible, you must designate your spouse as sole primary beneficiary for retirement benefits:
 - If you were eligible to retire, your spouse begins receiving a monthly benefit immediately.
 - If you were not eligible to retire but had 10 years of service (5 years for KPERS 3), your spouse begins receiving a monthly benefit when you would have reached age 55.

Note: You can name contingent beneficiaries or separate life insurance beneficiaries without affecting the Surviving Spouse benefit.

■ Inactive Members

- Your beneficiary receives your contributions and interest, or your spouse may be eligible for the Surviving Spouse Benefit.
- Inactive members are not eligible for optional life insurance and do not need to name a life insurance beneficiary.

■ Membership in Multiple Plans (KPERS, KP&F, Judges and Board of Regents)

- This beneficiary designation will become effective for all systems.
- For Board of Regents members with KPERS service credit, this form designates beneficiaries for KPERS benefits only.