



Rev. 4/19

### ADDITIONAL RETIREMENT BENEFICIARIES

This page must be with your Designation of Beneficiary form to be valid.

**Important** – Retired, active and inactive members can use this additional page to designate more retirement beneficiaries than space allows on any KPERS Designation of Beneficiary form. **This page must be with your completed Designation of Beneficiary form to be valid, including date and signature page.**

Member Name (Please Print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Part B (continued) – Primary Beneficiary for KPERS Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefit equally.

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: \_\_\_\_\_

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

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

**Part C (continued) – Contingent Beneficiary for KPERS Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefit equally if your primary beneficiary(ies) is deceased.

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: \_\_\_\_\_

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

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