



DESIGNATION OF AGENT

■ **Important** – Employers use this form to authorize individual staff members to conduct business with the Retirement System. Designated agents are responsible for:

- Communicating important information to members.
- Processing transactions and reports.
- Sending contributions.

Note: To add additional contacts, login to the employer web portal to assign roles and access.

■ **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 – Employer Information

1. Employer: _____ 2. KPERS Employer Number: _____

■ **Part B – Appointment of Designated Agent**– Complete this section to appoint a designated agent upon affiliation or to replace a current designated agent. The designated agent cannot sign this part.

1. Name (First, MI, Last): _____
Title: _____ Email Address: _____
Telephone Number: (____) _____

Authorized By (required*): _____ Title: _____

**The Mayor, Chairman, Agency Director or Superintendent's signature is always required to designate a new primary designated agent.*

■ **Part C – Required Designated Agent Signature** – The designated agent's signature is required for the Retirement System to accept this form. The new designated agent being appointed must sign, not one being replaced.

Designated Agent Signature: _____ Month/Day/Year: ____/____/____