



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: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

Estate Trust Person (state relationship): _____ 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: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

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

Name: _____ Social Security Number: _____-____-_____

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