

RETIREE/SURVIVOR INFORMATION AND BENEFICIARY DESIGNATION FORM

Please print clearly and retain a copy for your records.

Check one:

☐ Police ☐ Civilian

1. INFORMATION ABOUT YOU

Full Name (Last, First, MI):

Serial Number:

Street Address:

Apartment/Unit#

SSN (last 4):

XXX-XX-_____

City, State, Zip:

Primary Phone:

Alternate Phone:

Date of Birth:

Email Address:

☐ Yes, I would like to receive the Daily Informant delivered to my personal email address listed above.

☐ Please include my ☐ Address ☐ Phone ☐ Email in the annual Retiree's Directory.

I understand that I can opt out at any time by contacting the Retirement Systems office.

2. SPOUSE AND DEPENDENT CHILDREN

Spouse Name:

Date of Birth:

Date of Marriage:

Phone:

Email Address:

Please contact KCPERS with questions regarding eligibility of surviving spouse.

Names of Dependent Children** (Law enforcement only)

Date of Birth (mm/dd/yyyy)

**Dependent children are defined as biological or adopted children under the age of 18 (or over the age of 18 if physically or mentally incapacitated from earning wages). Please list additional dependent children on back.

3. CONTINGENT BENEFICIARY

If no benefits are otherwise payable to an eligible surviving spouse or child listed above, the beneficiary designated below shall be paid any remaining amounts due under the provisions of sections 86.900 to 86.1280 or 86.1310 to 86.1640 RSMo.

Full Name:

Relationship:

Address:

City, State, Zip:

Phone:

Email:

4. REQUIRED SIGNATURE

By submitting this form, I hereby revoke all prior designations (if any) of primary and contingent beneficiary designations.

Participant Signature*

Date (mm/dd/yyyy)*