



Rev. 4/19

ADDITIONAL LIFE INSURANCE BENEFICIARIES

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

■ Important – Active members can use this additional page to designate more life insurance 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 D (continued) – 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.

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 E (continued) – 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 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: _____