

KPERS 457 - Barton County Kansas

130067-01

For My Information

- For questions regarding this form, visit the Web site at www.kpers457.org or contact Service Provider at 1-800-232-0024.
- Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension _____

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Social Security Number (Must provide all 9 digits)

Last Name _____

First Name _____

M.I. _____

Date of Birth _____

()

Email Address _____

Daytime Phone Number _____

Married Unmarried

()

Alternate Phone Number _____

B Beneficiary Designation

Primary Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

%				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
%				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
%				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth

Contingent Beneficiary Designation

%				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
%				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
%				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth

C Participant Consent

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100% in whole percentages.**

I understand that the Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature _____ **Date (Required)** _____

Last Name

First Name

M.I.

Social Security Number

Number

Plan Administrator Witnessing Spousal Consent	
If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the participant in my presence.	
Plan Administrator Signature _____ Date (Required) _____	
D	Mailing Instructions
After all signatures have been obtained, this form can be sent by	
Fax to: 1-866-745-5766	OR
Regular Mail to: Great-West Financial® PO Box 173764 Denver, CO 80217-3764	OR
	Express Mail to: Great-West Financial® 8515 E. Orchard Road Greenwood Village, CO 80111

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