

**DESIGNATION OF BENEFICIARY
FOR ACTIVE MEMBERS ONLY
(If you are retired, DO NOT complete this form)**

**Kentucky Teachers' Retirement System
479 Versailles Road
Frankfort, Kentucky 40601-3800
(502) 848-8500**

PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM.

In the event of my death, I direct the Board of Trustees of the Kentucky Teachers' Retirement System to pay the proceeds of my account to the person or persons named below:

1. _____
 Primary Beneficiary Social Security Number Sex Birthdate Relationship
 (*See instructions in box at bottom of page)

_____ _____ _____ _____ _____
 Street Address, Box, or Route Number City State Zip

2. Co-Beneficiary Contingent Beneficiary Social Security Number Sex Birthdate Relationship

_____ _____ _____ _____ _____
 Street Address, Box, or Route Number City State Zip

3. Co-Beneficiary Contingent Beneficiary Social Security Number Sex Birthdate Relationship

_____ _____ _____ _____ _____
 Street Address, Box, or Route Number City State Zip

This Designation of Beneficiary has been executed on the _____ day of _____, 20_____, and is to remain in full force and effect until changed by me.

_____ _____
 Signature of Member Social Security Number

_____ _____ _____ _____
 Street Address, Box, or Box Number City State Zip Code

Marital Status: Single Married Divorced Widowed

NOTE: TWO ADULTS OTHER THAN YOUR BENEFICIARIES MUST SIGN AS WITNESSES TO YOUR SIGNATURE.

WITNESSES: We, the undersigned, of lawful age, certify that we are acquainted with the member (and spouse of member) signing this Designation of Beneficiary and that such member has requested us to witness his or her signature as his or her free act and deed.

_____ _____
 Signature of Witness Signature of Witness

_____ _____
 Street Address, Box, or Route Number Street Address, Box, or Route Number

_____ _____
 City, State and Zip City, State and Zip

* COMPLETE IF APPLICABLE: I certify as the spouse of the applicant of this application, that I am aware I am not the named beneficiary, or am Co-Beneficiary of the account and would not be entitled to any benefits, or as Co-Beneficiary would share equally with the other named Beneficiaries under the Kentucky Teachers' Retirement System Survivor Benefit Program upon the death of the applicant. **Required by state law (KRS 65.154).**

_____ _____
 Signature Date