DESIGNATION OF BENEFICIARY FOR KTRS LIFE INSURANCE BENEFIT

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

SEE ADDITIONAL INFORMATION ON REVERSE SIDE.

In the event of my death, I direct the Board of Trustees of the Kentucky Teachers' Retirement System to pay my life insurance benefit to:

1. _____ _____ _____ _____ _____
Name of **PRIMARY** Beneficiary **[One Person Only]** | Relationship | Birthdate | Social Security Number | Sex

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

2. _____ _____ _____ _____ _____
Name of **CONTINGENT** Beneficiary **[One Person Only]** | Relationship | Birthdate | Social Security Number | Sex

*(The **CONTINGENT Beneficiary** becomes entitled to this benefit in the event your Primary Beneficiary predeceases you.)*

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

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 | Phone Number

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

Circle Marital Status: Single Married Divorced Widowed

Witnesses' Signatures Required!
See Reverse Side

NOTE: **TWO ADULTS OTHER THAN YOUR BENEFICIARY 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	Street Address, Box, or Route Number
	City State Zip Code
Signature of Witness	Street Address, Box, or Route Number
	City State Zip Code

* COMPLETE IF APPLICABLE: I certify as the spouse of the above named KTRS member, that I am not the named beneficiary, of this benefit and would not be entitled to any benefit under the Kentucky Teachers' Retirement System statute upon the death of KTRS member. **Required by state law (KRS 65.154).**

Date	Signature

DESIGNATION OF BENEFICIARY FOR KTRS LIFE INSURANCE BENEFIT

Members of the Kentucky Teachers' Retirement System (KTRS) are covered by a life insurance benefit provided by KRS 161.655. KTRS statutes permit an active or retired member to designate a payee to receive the life insurance payment. If a payee is not designated, the life insurance benefit will be made to the member's estate.

You may name only ONE person, a funeral home, or your estate as your PRIMARY BENEFICIARY. Additionally, you may name only ONE person, a funeral home or your estate as a CONTINGENT BENEFICIARY to receive this benefit in the event your Primary Beneficiary predeceases you. This form may be used to designate only a natural person, funeral home or your estate as beneficiary. **Two adults other than your beneficiaries must sign as witnesses to your signature.** If you are an active member of KTRS, this designation does not change the beneficiary of your retirement account.

***KTRS statutes require that if you have a living spouse and you designate someone else as your beneficiary, the spouse must sign to show that they are not the named beneficiary.**

If you are a retired member of KTRS and selected an option that includes a monthly payment to a beneficiary in the event of your death, this designation does not change that beneficiary.

Upon receipt, the completed form will be placed in your KTRS file. Please retain a copy for your records.

KENTUCKY TEACHERS' RETIREMENT SYSTEM
479 Versailles Road, Frankfort, KY 40601 | PH: 800-618-1687

Active Members Only: Designation of Beneficiary for KTRS Retirement Account Balance

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 RETIREMENT ACCOUNT BALANCE** to the person or persons named below:

~ BENEFICIARY INFORMATION ~

#1: This Individual is MY (ONE MUST BE CHECKED):		☐ Primary OR ☐ Co-Beneficiary	
Last Name	**First Name**	**Relationship**	**Social Security Number**
Date of Birth	**Address/City/State/ZIP**		

#2: This Individual is MY (ONE MUST BE CHECKED):		☐ Co-Beneficiary OR ☐ Contingent Beneficiary	
Last Name	**First Name**	**Relationship**	**Social Security Number**
Date of Birth	**Address/City/State/ZIP**		

#3: This Individual is MY (ONE MUST BE CHECKED):		☐ Co-Beneficiary OR ☐ Contingent Beneficiary	
Last Name	**First Name**	**Relationship**	**Social Security Number**
Date of Birth	**Address/City/State/ZIP**		

#4: This Individual is MY (ONE MUST BE CHECKED):		☐ Co-Beneficiary OR ☐ Contingent Beneficiary	
Last Name	**First Name**	**Relationship**	**Social Security Number**
Date of Birth	**Address/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, unless changed by operation of law.

Marital Status (ONE MUST BE CHECKED): ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Signature of Member	**KTRS Member ID Number**	**Current Phone Number**
Printed Name	**Address/City/State/ZIP**	

****COMPLETE IF APPLICABLE:** I acknowledge as the spouse of the applicant of this application, that I am aware I am not the named beneficiary, or that I am a Co-Beneficiary, of the account and would not be entitled to any benefits, or as a 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).**

Spouse's Signature _____ **Printed Name** _____ **Date** _____

NOTE TO MEMBER: TWO ADULTS OTHER THAN YOUR BENEFICIARIES OR SPOUSE MUST SIGN AS WITNESSES TO YOUR SIGNATURE.	**NOTE TO WITNESSES: We, the undersigned, of lawful age, certify that we are acquainted with the member (and spouse of member if applicable) signing this Designation of Beneficiary form and that such member (and spouse of member if applicable) has requested us to witness his or her signature as his or her free act and deed.**

Signature of Witness #1	
Printed Name	
Address/City/State/ZIP	
Signature of Witness #2	
Printed Name	
Address/City/State/ZIP	

READ ALL INSTRUCTIONS CAREFULLY
BEFORE COMPLETING YOUR BENEFICIARY DESIGNATION

You have indicated a desire to change your beneficiary. This form may be used to designate only a natural person, your estate or a trust pre-approved by KTRS as beneficiary. This form is used to change your beneficiary for the proceeds of your retirement account balance in the event of your death. Failure to designate your spouse as the Primary Beneficiary could render him or her ineligible for certain survivor benefits. In order to designate a beneficiary, please complete the entire form. Upon receipt, completed forms will be placed in your file. Please retain a copy for your records.

The filing of this designation revokes completely any prior designation of beneficiaries.

You must complete this form entirely and legibly in ink or type. All signatures must be in ink.

If you designate beneficiaries by name, **use complete names and not initials**. Use the first name of a married woman and not her husband's first name or his initials.

Member's signature must be **witnessed by two adults NOT related to the KTRS member by birth or marriage, or designated as a beneficiary.**

This **BENEFICIARY DESIGNATION** form is for the purpose of carrying out, without doubt or question, the wishes of the KTRS member. To assist in carrying out your intent, the terms "PRIMARY BENEFICIARY", "CONTINGENT BENEFICIARY", and "CO-BENEFICIARY" are described by the examples provided below.

(1) **ONE PRIMARY BENEFICIARY:** "Mary Jane Doe, Wife."

(2) **ONE PRIMARY BENEFICIARY AND ONE CONTINGENT BENEFICIARY:** "Mary Jane Doe, my wife, if living, otherwise Richard Roe Doe, my son."

State law requires that if you have a living spouse and you designate someone else as your beneficiary, or if you designate your spouse and someone else as a co-beneficiary, your spouse must acknowledge by signature that he or she is aware of not being designated as the sole beneficiary.

(3) **ONE PRIMARY BENEFICIARY AND TWO CONTINGENT BENEFICIARIES:** "Mary Jane Doe, wife, if living, otherwise, Richard Roe Doe and Sarah Jane Doe, son and daughter, equally, or to the survivor."

(4) **TWO CO-BENEFICIARIES:** "James Henry Doe and Elizabeth Smith Doe, parents, equally or to the survivor."

(5) **THREE OR MORE CO-BENEFICIARIES:** "James Henry Doe, Elizabeth Smith Doe, and Henry Joe Doe, my father, mother, and brother, equally to the survivor or survivors."

(6) **MEMBER'S ESTATE:** "... to my estate."

IMPORTANT! KRS 161.480 provides that marriage after filing of this Designation of Beneficiary automatically voids your current named beneficiary and your spouse becomes your beneficiary unless you file a new Designation of Beneficiary Form [F-1(c)] to the contrary. In the event of divorce, your estate becomes the beneficiary until a new Designation of Beneficiary Form is filed.

State law requires a signed acknowledgement by any living spouse who is not named as the Primary Beneficiary. (KRS 65.154). A place for such acknowledgement is provided on the front of this form.

KRS 161.520 provides payment to any eligible survivors before refund of the account balance to the named beneficiary in the event of the member's death.