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The Kentucky Public Employees'
Deferred Compensation Authority
101 Sea Hero Road, Suite 110
Frankfort, KY 40601
502.573.7925 or Toll Free 800.542.2667
Fax 502.573.4494

BENEFICIARY DESIGNATION FORM

To be used for the Kentucky Public Employees' 401(k) Deferred Compensation Plan (including the Deemed IRA Program: Traditional and Roth) and/or the Kentucky Public Employees' Deferred Compensation Plan (457) as designated on this form. Please complete this section (see the back of this form for instructions).

Please print** (except for signature section) **use Blue or Black ink only. See additional instructions on back of form.

Participant's Full Name: _____ SS# _____ Birth date: _____

Mailing Address: _____
New Address? YES [ ] No & Street City State Zip Code

I HEREBY DESIGNATE THE BENEFICIARY(IES) NAMED BELOW TO RECEIVE MY PLAN(S) BENEFIT(S) IN THE EVENT OF MY DEATH. THIS DESIGNATION IS APPLICABLE TO ALL PLANS OFFERED BY THE KENTUCKY PUBLIC EMPLOYEES' DEFERRED COMPENSATION AUTHORITY THAT I CURRENTLY HAVE OR MAY ADD IN THE FUTURE. I REALIZE I MAY, AT ANY TIME, DESIGNATE SEPARATE BENEFICIARIES FOR EACH PLAN BY COMPLETING AND SIGNING APPROPRIATE FORMS. ALL INFORMATION SHOULD BE COMPLETED AND THIS FORM MUST BE RECEIVED AND ACCEPTED BY THE AUTHORITY TO BE VALID.

PRIMARY BENEFICIARY

Primary Beneficiary is the person(s) who is entitled to your plan benefit upon your death.
Percentages must total 100%

1)
Name: _____ % _____
SS#/ Tax ID: _____
Birth date: _____ Relationship: _____
Address: _____
_____

2)
Name: _____ % _____
SS#/ Tax ID: _____
Birth date: _____ Relationship: _____
Address: _____
_____

CONTINGENT BENEFICIARY

Contingent Beneficiary is the person(s) who is entitled to your plan benefit only if all primary beneficiaries predecease you.
Percentages must total 100%

1)
Name: _____ % _____
SS#/ Tax ID: _____
Birth date: _____ Relationship: _____
Address: _____
_____

2)
Name: _____ % _____
SS#/ Tax ID: _____
Birth date: _____ Relationship: _____
Address: _____
_____

If you have more than 2 Primary or Contingent Beneficiaries, please use a second form.

SIGNATURE SECTION

THIS SECTION MUST BE COMPLETED BEFORE WE CAN ACCEPT THIS FORM

I hereby certify that the above information is complete, true and correct. I further acknowledge that the above information may be used by the Kentucky Public Employees' Deferred Compensation Authority staff (KPEDCA) in determining amounts of future payouts from my plan account(s) as administered by the KPEDCA. This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the KPEDCA as indicated below.

Participant's Signature: _____ SS#: _____ Date signed: _____

Signature of Notary Public: * _____ Date Commission Expires: _____

Print Notary Public's Name: _____

* ☐ **In lieu of notarized signature, Authority Agent verification:** _____

* ☐ **In lieu of notarized signature or Authority Agent verification, I have enclosed a copy of my Driver's License or signed Social Security Card.**

For Authority Use Only
Accepted for the KPEDCA

By _____

Effective Date _____

INSTRUCTIONS FOR COMPLETING YOUR BENEFICIARY DESIGNATION FORM

1) You may name one or more person(s), an entity, your estate, or a trust as beneficiary or contingent beneficiary.

2) You cannot name yourself as primary or contingent beneficiary.

3) You cannot name the same person as both primary and contingent beneficiary.

4) If you name more than one person as primary or contingent beneficiary you should indicate the percentage each beneficiary is to receive. Percentages for the primary beneficiary section must equal 100%. Percentages for the contingent beneficiary section must also equal 100%. If you do not indicate percentages, beneficiaries entitled to receive benefits will be paid in equal percentages. If you have named multiple primary beneficiaries and one predeceases you, the share which you have designated for such predeceased beneficiary, will be divided equally among living primary beneficiaries. If all primary beneficiaries predecease you, then payment will be made to any living contingent beneficiaries as designated on your approved Beneficiary Designation Form. If payment is to be made to multiple contingent beneficiaries and one predeceases you, the share, which you have designated for such predeceased beneficiary, will be divided equally among living contingent beneficiaries. Payments are made to contingent beneficiaries only if ALL primary beneficiaries predecease you. If all named primary and contingent beneficiaries predecease you, the payment will be made in accordance with the applicable Plan Document then in force.

5) You may name your estate as either primary or contingent beneficiary. Should you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. If you name your estate as primary beneficiary, you cannot name a contingent beneficiary.

6) You may name a trust as primary or contingent beneficiary.

   a) If the trust is an existing trust, you must provide the name of the trust, the date of the trust, and the name, telephone number, and address of the trustee and the federal identification number of the trust.
   b) If the trust is a testamentary trust (created by will), you should make the designation as follows: "to my trust, if any, under my will, or if not, to my estate."

7) You must sign, date, and return the form to the Authority and your signature must be notarized, OR Authority Agent must verify, OR you must provide a copy of your Driver's License or signed Social Security Card for signature verification before the Authority can accept your Beneficiary Designation.

8) You may change your Beneficiary Designation at any time by completing a new form.

9) If you have a 457 and 401(k) account (including any deemed IRA accounts) and do not specify the account for which this form serves, it will apply to all accounts.

10) In the event your properly designated beneficiary is receiving Plan benefits, or is eligible to receive benefits due to your death, and dies prior to final distribution of all Plan benefits, then the beneficiary's estate will receive a single sum of any existing balance.