

## FORM 2035 BENEFICIARY DESIGNATION

Please complete this section and the back of this form. Please print.

Member's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

City State Zip + 4 Code

### INSTRUCTIONS FOR COMPLETING YOUR FORM 2035 CORRECTLY.

1. You may name more than one person, your estate, a trust or trustee as beneficiary.
2. You cannot name yourself as principal or contingent beneficiary. You cannot name a church or charitable organization as a beneficiary.
3. You cannot name the same person as both principal and contingent beneficiary.
4. You may name more than one person as principal or contingent beneficiaries.
5. If you name more than one person as principal or contingent beneficiaries you may indicate the percentage each beneficiary is to receive. Percentages for the principal beneficiary section must equal but not exceed 100%. Percentages for the contingent beneficiary section must equal but not exceed 100%. If you do not indicate percentages, disbursement of payment will be divided equally among living principal beneficiaries, or if all principal beneficiaries have died, among all living contingent beneficiaries, as provided in KRS 61.542(1)(a). Payments are made to the contingent beneficiaries only if ALL principal beneficiaries die before you, the member.
6. You may name your estate as either principal 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 a principal beneficiary, you cannot name a contingent beneficiary.
7. You may name a trust or trustee as a principal or contingent beneficiary.  
If the trust is an existing trust (already funded) you must provide the name of the trust, the federal identification number. If the trust is a testamentary trust (created by will and to be funded upon your death), you must provide the name of the trustee and your social security number.
8. **If you name a single individual as beneficiary, that individual may be eligible for a lifetime benefit upon your death, depending on your total service credit. If you name more than one individual, no lifetime benefit will be offered.**
9. **This form is not valid unless it is properly completed and received in the retirement office prior to death.**

### FOR OFFICE USE ONLY--THE FOLLOWING ITEMS ARE MISSING OR INCORRECT:

#### Principal (First) Beneficiaries

- \_\_\_ Beneficiary name.
- \_\_\_ Beneficiary social security number.
- \_\_\_ Percentages do not equal 100%.
- \_\_\_ Beneficiary birthdate.
- \_\_\_ Beneficiary address.
- \_\_\_ No beneficiary named.

#### Contingent (Second) Beneficiaries

- \_\_\_ Beneficiary name.
- \_\_\_ Beneficiary social security number.
- \_\_\_ Percentages do not equal 100%.
- \_\_\_ Beneficiary birthdate.
- \_\_\_ Beneficiary address.
- \_\_\_ No beneficiary named.

#### Signature Section:

- \_\_\_ Your social security number.
- \_\_\_ Your signature.
- \_\_\_ No date.

**PRINCIPAL**

Principal (First) Beneficiaries

Principal Beneficiaries are the persons who are entitled to your retirement benefit upon your death.

1) Name: \_\_\_\_\_ % \_\_\_\_\_  
First Last  
 Tax ID No: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_

**CONTINGENT**

Contingent (Second) Beneficiaries

Contingent Beneficiaries are the persons who are entitled to your retirement benefit **only** if all principal beneficiaries die before you.

1) Name: \_\_\_\_\_ % \_\_\_\_\_  
First Last  
 Tax ID No: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ % \_\_\_\_\_  
First Last  
 SSN: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ % \_\_\_\_\_  
First Last  
 SSN: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ % \_\_\_\_\_  
First Last  
 SSN: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ % \_\_\_\_\_  
First Last  
 SSN: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_

4) Name: \_\_\_\_\_ % \_\_\_\_\_  
First Last  
 SSN: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_

4) Name: \_\_\_\_\_ % \_\_\_\_\_  
First Last  
 SSN: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_

**SIGNATURE SECTION**

**THIS SECTION MUST BE COMPLETED BEFORE WE CAN ACCEPT THIS FORM 2035**

Member's SSN: \_\_\_\_\_ Member's Signature: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date Form is Signed: \_\_\_\_\_

---Upon request, this form will be made available in alternate format.---