

Kentucky Retirement Systems  
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 Frankfort KY 40601-6124  
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[www.kyret.com](http://www.kyret.com)

Member's  
 Soc. Sec. No.:

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Revised 06/03

## FORM 2035 BENEFICIARY DESIGNATION

**THIS FORM IS NOT VALID UNLESS IT IS COMPLETED CORRECTLY AND RECEIVED IN THE FRANKFORT RETIREMENT OFFICE PRIOR TO DEATH. YOU MUST SIGN THIS FORM AND A WITNESS (OR YOUR SPOUSE) MUST SIGN THIS FORM OR IT WILL NOT BE ACCEPTABLE. PLEASE COMPLETE THIS SECTION AND THE BACK OF THIS FORM. PLEASE PRINT.**

Your Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Work Phone #: ( \_\_\_\_ ) \_\_\_\_\_ Home Phone #: ( \_\_\_\_ ) \_\_\_\_\_

Your Address: \_\_\_\_\_

Street

City

State

Zip + 4 Code

### INSTRUCTIONS FOR COMPLETING YOUR FORM 2035.

- You may name one or more individuals, your estate, or a trust or trustee as principal or contingent beneficiary of your retirement account. The principal beneficiary will receive benefits in the event of your death. The contingent beneficiary will receive benefits in the event of your death ONLY if all of the named principal beneficiaries are deceased.
- *Naming One or More Individuals As Beneficiary:* If you name *more than one individual* as principal or contingent beneficiary 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 also 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.
 

**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 multiple individuals, your estate or a trust, no lifetime benefit is available.**
- *Naming An Estate As Beneficiary:* You may name your estate as either principal or contingent beneficiary by writing "My Estate" as the name of the beneficiary. Keep in mind that if you name your estate as a principal beneficiary, you cannot name a contingent beneficiary.
- *Naming a Trust or Trustee As Beneficiary:* 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* and the *federal tax identification number*. If the trust is a testamentary trust (created by will to be funded upon your death), you must provide the *name of the trustee* and *your social security number*.
- *Other Considerations:* You cannot name yourself as principal or contingent beneficiary. You also cannot name the same person as both principal and contingent beneficiary. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.
- *Required Signatures:* You must sign and date the form in the Signature section. Your spouse *or* another individual must also witness your signature and sign the form in the Signature section.
- *Changing Your Beneficiary:* Prior to retirement you may change your beneficiary designation at any time by completing a new Form 2035.

THIS IS A LEGAL AND BINDING DOCUMENT AND IS NOT TO BE ALTERED. ALL INFORMATION MUST BE COMPLETED AND THIS FORM MUST BE RECEIVED IN THE FRANKFORT RETIREMENT OFFICE PRIOR TO THE MEMBER'S DEATH TO BE VALID.

**PRINCIPAL BENEFICIARY SECTION**

**CONTINGENT BENEFICIARY SECTION**

**1.**  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
                    First                    Last  
Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Tax ID if Funded Trust: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                    Apt. No.                    Street  
\_\_\_\_\_  
                    City                    State                    ZIP

**1.**  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
                    First                    Last  
Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Tax ID if Funded Trust: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                    Apt. No.                    Street  
\_\_\_\_\_  
                    City                    State                    ZIP

**2.**  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
                    First                    Last  
Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                    Apt. No.                    Street  
\_\_\_\_\_  
                    City                    State                    ZIP

**2.**  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
                    First                    Last  
Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                    Apt. No.                    Street  
\_\_\_\_\_  
                    City                    State                    ZIP

**3.**  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
                    First                    Last  
Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                    Apt. No.                    Street  
\_\_\_\_\_  
                    City                    State                    ZIP

**3.**  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
                    First                    Last  
Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                    Apt. No.                    Street  
\_\_\_\_\_  
                    City                    State                    ZIP

**4.**  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
                    First                    Last  
Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                    Apt. No.                    Street  
\_\_\_\_\_  
                    City                    State                    ZIP

**4.**  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
                    First                    Last  
Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                    Apt. No.                    Street  
\_\_\_\_\_  
                    City                    State                    ZIP

IF YOU WISH TO NAME MORE THAN FOUR PRINCIPAL OR CONTINGENT BENEFICIARIES, PLEASE CONTACT THE RETIREMENT OFFICE.

**SIGNATURE SECTION**

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

Your SSN: \_\_\_\_\_

Your Signature: \_\_\_\_\_

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

Date Form is Signed: \_\_\_\_\_

**OR**

Signature of Witness: \_\_\_\_\_

**Your signature must be witnessed by your spouse or by another individual.**

*Please initial any and all corrections you have made to the form.*