



Kentucky Retirement Systems

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124

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Form 2035

Revised 01/2010

Beneficiary Designation

Member Information Please provide your Member ID or Social Security Number in the Member ID box below.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:

Notice: This form is not valid unless it is completed correctly and received in the retirement office prior to the member's death.

The member and a witness must sign this form or it will not be accepted. You may name one or more individuals, your estate, or a trust as principal or contingent beneficiary of your retirement account. If you wish to name more than four individuals as principal or contingent beneficiaries, please contact our office. Your beneficiary designation may be changed at any time prior to retirement by filing a new Form 2035.

Principal Beneficiary Section: Please check one of the boxes below to designate a principal beneficiary. The principal beneficiary will receive benefits in the event of your death.

Person

You cannot name yourself as principal beneficiary. You also cannot name the same person as both principal and contingent beneficiary. 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. If you name more than one individual as principal beneficiary you may indicate the percentage each beneficiary is to receive. Percentages for the principal beneficiary section should total 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 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____	2 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____
3 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____	4 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____

My Estate

If you name your estate as a principal beneficiary, you cannot name a contingent beneficiary. No additional information required.

Living Trust

The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:	Trust Tax ID:	Date of Trust:
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.		
Name:	Phone:	
Address:	City:	State: Zip Code:

Testamentary Trust

A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

Contingent Beneficiary Section: Please check one of the boxes below to designate a contingent beneficiary. The contingent beneficiary will receive benefits in the event of your death only if all of the named principal beneficiaries are deceased.

Person

You cannot name yourself as contingent beneficiary. You also cannot name the same person as both principal and contingent beneficiary. If you name more than one individual as contingent beneficiary you may indicate the percentage each beneficiary is to receive. Percentages for the contingent beneficiary section should total 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.

<p>1 Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: _____</p> <p>Date of Birth: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>	<p>2 Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: _____</p> <p>Date of Birth: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>
<p>3 Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: _____</p> <p>Date of Birth: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>	<p>4 Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: _____</p> <p>Date of Birth: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>

My Estate

If you name your estate as a principal beneficiary, you cannot name a contingent beneficiary. No additional information required.

Living Trust

The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:	Trust Tax ID:	Date of Trust:
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.		
Name:		Phone:
Trustee Address:	City:	State: Zip Code:

Testamentary Trust

A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

Signature Section: This section must be completed before we can accept this Form 2035. Please initial any and all corrections you have made to the form. Failure to initial changes may cause the form to be invalid.

Your Signature:	Member ID:
Witness Signature:	Date: