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### MEMORANDUM

**TO:** House Judiciary Committee Members  
**FROM:** Kansas Judicial Council - Christy Molzen  
**DATE:** February 1, 2013  
**RE:** HB 2014 - Inheritance Rights of Ex-Spouse upon Divorce

At the hearing on HB 2014 on Thursday, January 31, Representative Howell asked to see an example of a life insurance beneficiary designation form. I am attaching two examples. The first is the form used by state employees to designate a beneficiary for KPERS retirement benefits and life insurance. The second is a form used by Kansas City Life Insurance Company.



KPER-7/99 Rev. 4/11

### DESIGNATION OF BENEFICIARY

**■ Important** – The beneficiary designations on this form replace all previous designations. Read instructions on page 3. If you have more beneficiaries than spaces in any category, please use an Additional Beneficiaries page. Do not attach plain paper or continue on the back of this form. Additional pages must be attached to this completed form to be valid.

Mark this box if you are using additional pages.

**■ Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638  
e-mail: kpers@kpers.org • web site: www.kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

#### ■ Part A – Member Information

- 1. Social Security Number: \_\_\_\_\_
- 2. Name (First, MI, Last): \_\_\_\_\_
- 3. Telephone Number: (\_\_\_\_) \_\_\_\_\_
- 4. Mailing Address: \_\_\_\_\_
- 5. Employer: \_\_\_\_\_
- City, State, Zip: \_\_\_\_\_

**■ Part B – Primary Beneficiary for KPER Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefit equally. You must name a primary beneficiary in this section.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**■ Part C – Contingent Beneficiary for KPER Retirement Benefits** – Includes accumulated contributions and interest. Each beneficiary will share your benefit equally if your primary beneficiary(ies) is not living.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Name (Please Print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

■ **Part D – Primary Beneficiary for Life Insurance (Active Members Only)** – Complete this section if you want to name a separate beneficiary to receive your basic and optional group life insurance. Each beneficiary will share your benefit equally. If you do not want to name a separate beneficiary, leave this section blank and advance to Part F.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

■ **Part E – Contingent Beneficiary for Life Insurance (Active Members Only)** – For basic and optional group life insurance. Each beneficiary will share your benefit equally if your primary beneficiary(ies) is not living.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Estate  Trust  Person (state relationship): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

■ **Part F – Member Signature** – Only the member may designate a beneficiary. Conservators, guardians and those with power of attorney cannot name a KPERS beneficiary. Member's signature must be witnessed by a disinterested party. Witness may not be a beneficiary. \*Second witness required only if member signs with an "X."

Member Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Witness Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ■ Who Can You Name as Beneficiary?

You can choose:

- A living person.
- A trust.
- Your estate.
- Any combination of these options.

You cannot name a church or other charitable organization as a beneficiary.

If you choose more than one beneficiary, each will share your benefits equally. You can name separate beneficiaries for your retirement benefits and life insurance. You can also name a contingent beneficiary to receive your benefits if your primary beneficiary is not living. Only members can complete the designation form. Conservators, guardians and those with power of attorney cannot select or change a KPERS beneficiary. Each time you complete a beneficiary form, it cancels all those you have previously completed. Every time you complete the form, fill in both the primary and contingent beneficiary sections if you intend to have a contingent beneficiary. If you complete only the contingent section and leave the primary blank, you will have no primary beneficiary, even if a past form names one. The Board of Trustees recognizes only those designations received in the Retirement System office before your death.

**Important:** You must name a primary beneficiary for retirement benefits in Part B. If no primary or contingent beneficiary is living at the time of your death, your retirement benefits will be paid according to the line of descendency in K.S.A. 74-4902(7).

## ■ What Your Beneficiary Receives

Your primary beneficiary for retirement benefits will receive your contributions and interest, or possibly a monthly benefit if your spouse is your sole primary beneficiary (see Surviving Spouse Benefit). He or she will also receive any basic and optional group life insurance you have unless you name a separate beneficiary for your life insurance.

## ■ Surviving Spouse Benefit (Spouse as Sole Primary Beneficiary)

If you die before retirement, your spouse can choose a monthly benefit for the rest of his or her life, instead of receiving your returned contributions and interest. You must have designated your spouse as your sole primary beneficiary for retirement benefits.

**Situation #1** *If you were eligible to retire, your spouse begins receiving a monthly benefit immediately.*

**Situation #2** *If you were not yet eligible to retire but had ten years of service, your spouse begins receiving a monthly benefit when you would have reached age 55.*

You can name contingent beneficiaries or separate beneficiaries for your life insurance without affecting this benefit option.

## ■ Naming a Trust or Your Estate

If you name a trust, provide the name of the trust (e.g., Your Name, Trust #1). If you name your estate, write "Estate of (Your Name)" or "My Estate." You can name another primary or contingent beneficiary in addition to your estate or a trust, and each will share your benefit equally.

## ■ Naming Additional Beneficiaries

If you need to name more beneficiaries than space allows, please use an Additional Retirement or Life Insurance Beneficiaries page. This page must be with your completed Designation of Beneficiary form to be valid. You can download additional pages at [www.kpers.org](http://www.kpers.org) or get one from your designated agent.

## ■ Inactive Members

Your beneficiary will receive your accumulated contributions and interest, or your spouse can receive the Surviving Spouse Benefit if you meet the criteria. Inactive members are not eligible for group life insurance and do not need to name a beneficiary in Part D or Part E.

## ■ Membership in More Than One Retirement System (KPERS, KP&F, Judges, Board of Regents)

If you are a member of more than one KPERS-administered retirement system (KPERS, KP&F, Judges), this beneficiary designation will become your designation for all systems. If you are a Board of Regents member and have KPERS service credit, this form designates beneficiaries for KPERS benefits, not your Board of Regents benefits.

For additional information on designating a beneficiary, visit [www.kpers.org](http://www.kpers.org) or refer to your membership guide.



KANSAS CITY LIFE INSURANCE COMPANY  
 PO BOX 219425  
 KANSAS CITY, MO 64121

**BENEFICIARY DESIGNATION FORM**

1. Group Name:	2. Group Number:	3. Certificate Number:
4. Employee Name:	5. Social Security Number:	6. Date of Birth M/DD/YYYY:
7. Address:	8. City	9. State
		10. Zip Code

**Primary and Contingent Beneficiaries** – Unless you designate a percentage, proceeds are paid to the primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. The share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent). When unequal distribution percentages are listed, a contingent beneficiary must be provided for each primary beneficiary named. (Example on unequal distributions are 60/40 or 60/20/20 etc).

Death proceeds will be paid as though the beneficiary died before the Insured Individual if: the beneficiary dies at the same time as or within 15 days of the Insured Individual's death and the Company has not paid the proceeds to the beneficiary within the 15-day period.

If no beneficiary survives, payment will be made according to the terms of the policy. This designation revokes any and all previous designations. The right to change the beneficiary is reserved to the Insured.

You may designate contingent beneficiaries and percentages (%) on a separate sheet of paper. *All forms and attachments must be signed and dated before they are submitted to your Benefits Department.*

**Minors** - While you may designate a minor as a beneficiary, please note that if they are a minor at the time of claim, payments may be delayed due to special issues raised by these designations. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

**Trust as Beneficiary** – You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e. one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

\* **Community Property Laws:** If you are married, reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI), and name someone other than your spouse as beneficiary, payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

SECTION ONE - SAME BENEFICIARY DESIGNATIONS FOR ALL LIFE BENEFITS					
All Life and Accident Plans - underwritten by the KCL Group Benefits					
EMPLOYEE'S BENEFICIARY	BIRTHDATE	RELATIONSHIP TO EMPLOYEE	SOCIAL SECURITY #	ADDRESS	%

DO NOT COMPLETE SECTION TWO IF YOU HAVE COMPLETED SECTION ONE

SECTION TWO - SEPARATE BENEFICIARY DESIGNATIONS FOR EACH					
All Life and Accident Plans - underwritten by the KCL Group Benefits					
EMPLOYEE'S BENEFICIARY	BIRTHDATE	RELATIONSHIP TO EMPLOYEE	SOCIAL SECURITY #	ADDRESS	%

  

Voluntary or Supplemental Term Life Insurance - underwritten by the KCL Group Benefits					
EMPLOYEE'S BENEFICIARY	BIRTHDATE	RELATIONSHIP TO EMPLOYEE	SOCIAL SECURITY #	ADDRESS	%

EMPLOYEE SIGNATURE	DATE:
SPOUSE SIGNATURE:	DATE:

*For Massachusetts only, signature of witness other than a beneficiary.*

**BELOW THIS LINE FOR HOME OFFICE USE ONLY**

Above Change of Beneficiary is recorded as part of the policy file this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

AUTHORIZED KANSAS CITY LIFE REPRESENTATIVE: \_\_\_\_\_

BE SURE YOU'VE COMPLETED EITHER SECTION ONE OR SECTION TWO  
 (IF YOU COMPLETE BOTH, THE SECTION ONE DESIGNATION WILL APPLY)