

BENEFICIARY DESIGNATION FORM

Complete this form in ink. Print or type every entry except your signature which is required at the bottom of the form.

PRIMARY BENEFICIARY(IES)

| | | | |
|----------------------------|------------------------|---------------|--------------|
| NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

CONTINGENT BENEFICIARY(IES)

| | | | |
|----------------------------|------------------------|---------------|--------------|
| NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

TRUSTEE / ESTATE INFORMATION *complete the following information only if you named your trustee as a beneficiary.*

| | |
|---------------------------------|---|
| NAME OF TRUSTEE / ADMINISTRATOR | TELEPHONE NUMBER OF TRUSTEE / ADMINISTRATOR |
| TITLE OF TRUST DOCUMENT | DATE OF TRUST DOCUMENT |

MEMBER INFORMATION

| | | | |
|--|-----------------------------|--------------------|-----------------------|
| PLEASE PRINT YOUR NAME (FIRST, MIDDLE, LAST) | YOUR SOCIAL SECURITY NUMBER | YOUR DATE OF BIRTH | YOUR TELEPHONE NUMBER |
| YOUR STREET ADDRESS | CITY | STATE | ZIP CODE |

I understand that this beneficiary designation

- **revokes any prior beneficiary designation and may be changed at any time,**
- **is made pursuant to the statutes of the State of Missouri and the Rules and Regulations of the Retirement System in effect on the day of my death, and**
- **is not valid as a beneficiary designation with respect to the Benefit Payment Options available under the Retirement System.**

X

YOUR SIGNATURE

X

DATE OF SIGNATURE

RETIREMENT SYSTEM USE ONLY

| | | |
|---------------|-------------|-------------------------|
| DATE RECEIVED | RECORDED BY | DATE DUPLICATE RETURNED |
|---------------|-------------|-------------------------|