

**Contingent Beneficiary Section: Please select one of the beneficiary types below by checking the appropriate box. 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><b>1</b> Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____ Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>	<p><b>2</b> Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____ Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>
<p><b>3</b> Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____ Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>	<p><b>4</b> Name: _____ %: _____</p> <p>Social Security Number: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____ Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other</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.



**This form is not valid unless signed by the member and witnessed. Please ensure that you have only checked one beneficiary type box in the principal beneficiary section and one beneficiary type box in the contingent beneficiary section. If you select more than one beneficiary type in either section, this form will be considered invalid. Please initial all corrections you have made to the form. Failure to initial changes may cause the form to be invalid.**

Your Signature: \_\_\_\_\_ Member ID: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ (Not Required) Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ (Required if spouse does not sign) Date: \_\_\_\_\_