

NOMINATION OF BENEFICIARY

To the Wichita Retirement System:

In accordance with the provisions of the Ordinances governing the Wichita Employees' Retirement System or Police & Fire Retirement System (check one), I, _____,

hereby nominate as my beneficiary under the said Retirement System in the event of my death:

Name _____

Street Address _____

City, State, Zip Code _____

Related to Me as _____

Whose Social Security Number is _____

AND nominate as contingent beneficiary:

Name _____

Street Address _____

City, State, Zip Code _____

Related to Me as _____

Whose Social Security Number is _____

If the beneficiary or contingent beneficiary herein nominated does not survive me, and no other written nomination shall have been filed by me, then the beneficiary shall be my estate.

I reserve the right to change the beneficiary or contingent beneficiary at any time by filing written notice of such change, duly acknowledged, with the Wichita Retirement System.

I understand that it is my responsibility and obligation to notify the Pension Management Office of address changes for those beneficiary(ies) listed above.

Signature _____ Date _____

Witness _____ Date _____

Return this form to: Pension Management
455 N Main, 12th Floor
Wichita, KS 67202
(316) 268-4549