KCPERS
Kansas City Police Employees' Retirement Systems

Retired Member Information Form

Member Information

Full Name: _____ _____ _____
Last *First* *M.I.*

Address: _____ _____
Street Address *Apartment/Unit #*

_____ _____ _____
City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Serial Number: _____ E-Mail: _____

Spouse and Dependant Information

Spouse's Name: _____ _____
Last *First*

Date of Birth: _____ Date of Marriage: _____ Social Security: _____

Names of Dependant Children:	Dates of Birth:

Beneficiary Information

If no benefits are otherwise payable to a surviving spouse or child of a deceased member, the member's accumulated contributions, if any remain, shall be paid in a lump sum to a named beneficiary or if none to the member's estate.

Full Name: _____ _____ _____
Last *First* *M.I.*

Address: _____ _____
Street Address *Apartment/Unit #*

_____ _____ _____
City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Date Signed:		Member's Signature:	