

Kansas City Police Employees' Retirement Systems 9701 Marion Park Drive, B * Kansas City, MO 64137 (816) 482-8138 * Fax: (816) 763-1190 www.kcpers.org

Please print clearly and reta	in a copy for your records.		Check one:
1. INFORMATIO	N ABOUT YOU		☐ Police ☐ Civilian
Full Name (Last, First, MI):			Serial Number:
Street Address: Apartment/Uni		/Unit#	SSN(last 4): XXX-XX-
City, State, Zip:			7707707
Primary Phone:	Alternate Phone:		Date of Birth:
Email Address:	-		
☐ Yes, I would like to red	ceive the Daily Informant delivered to my	personal email address liste	d above.
☐ Please include my concontacting the Retirement	tact information in the annual Retiree's Dit Systems office.	rectory. I understand that I o	an opt out at any time by
2. SPOUSE AND	DEPENDENT CHILDREN		
Spouse Name:		Date of Birth:	Date of Marriage:
Phone:	Email Address:	1	
	Please contact KCPERS with questions rega	rding eligihility of surviving sno	nuse
		raing englainty of sailtiting spe	Juse.
Names of E	Dependent Children** (Law enforcement only)	rumg englamey or surviving spec	Date of Birth (mm/dd/yyyy)
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Names of E		italing englassicy or surviving spec	
Names of E		iamig englame, or surviving spec	
Names of E		Taning englowery or surviving spec	
Dependent children are d	Dependent Children (Law enforcement only) efined as biological or adopted children under	er the age of 18 (or over the ag	Date of Birth (mm/dd/yyyy)
Dependent children are d	Dependent Children (Law enforcement only) efined as biological or adopted children underwages). Please list additional dependent child	er the age of 18 (or over the ag	Date of Birth (mm/dd/yyyy)
Dependent children are d incapacitated from earning to a contingent of the continue of the c	Dependent Children (Law enforcement only) efined as biological or adopted children underwages). Please list additional dependent child	er the age of 18 (or over the ag dren on back. ild listed above, the beneficiar	Date of Birth (mm/dd/yyyy) e of 18 if physically or mentally y designated below shall be paid
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**Dependent children are dincapacitated from earning value of the continuous states of the continuous and remaining amounts due full Name: Address: City, State,	efined as biological or adopted children undewages). Please list additional dependent child payable to an eligible surviving spouse or che under the provisions of sections 86.900 to 86.	er the age of 18 (or over the ag dren on back. ild listed above, the beneficiar	e of 18 if physically or mentally y designated below shall be paid
**Dependent children are dincapacitated from earning value and the second secon	efined as biological or adopted children undewages). Please list additional dependent child payable to an eligible surviving spouse or che under the provisions of sections 86.900 to 86.	er the age of 18 (or over the ag dren on back. ild listed above, the beneficiar 6.1280 or 86.1310 to 86.1640	e of 18 if physically or mentally y designated below shall be paid RSMo. Relationship: