



Kentucky Public Employees' Deferred Compensation Authority

Phone (502) 573-7925 or (800) 542-2667

BENEFICIARY CHANGE FORM

Last Name	First Name	MI	Social Security Number	Date of Birth
Mailing Address			Home Phone	
City	State	Zip Code	Alternate Phone	
Section II: Paperle	ess Delivery			
your retirement plan	n, e.g statements, conf	irmations, terms, agree	c (paperless) delivery of c ements, etc. Check the box he address provided above	below if you would
☐ I do NOT conse	ent to Paperless Deliver	y. Please provide the	documents related to my	plan via U.S. Mail.
Section III: Benefic	ciary Designation (will r	replace any prior design	nation)	
Administrator will e	establish sub-accounts an	d not separate accounts	otherwise noted. For payors for beneficiaries, which in d on the life expectancy of the state of	n the case of multiple
U 1		-	age, the allocation will be	
being incomplete and may be some minor	nd can not be accepted; variance based upon the	and 4) If you select "F number of beneficiarie	an SSN will result in the be Equal Percentage" for your se you have listed. For exart the other two will be 33.	r beneficiaries, there nple: if you list three
being incomplete armay be some minor beneficiaries, the ol	nd can not be accepted; variance based upon the dest beneficiary will be all beneficiaries. If you was	and 4) If you select "Enumber of beneficiaried designated 33.34% and want to designate more	Equal Percentage" for yourse you have listed. For exar	r beneficiaries, there mple: if you list three 33%. beneficiary, you may
being incomplete armay be some minor beneficiaries, the ol I have additionattach a page with	nd can not be accepted; variance based upon the dest beneficiary will be all beneficiaries. If you was	and 4) If you select "Enumber of beneficiaried designated 33.34% and want to designate more iary information. Alloc	Equal Percentage" for yourses you have listed. For example the other two will be 33.25 than two of each type of lations must still total 1009	r beneficiaries, there mple: if you list three 33%. beneficiary, you may % for each category.
being incomplete armay be some minor beneficiaries, the ol I have additionattach a page with	nd can not be accepted; variance based upon the dest beneficiary will be all beneficiaries. If you with the additional beneficiaries	and 4) If you select "Enumber of beneficiaried designated 33.34% and want to designate more iary information. Alloc	Equal Percentage" for yourses you have listed. For example the other two will be 33.25 than two of each type of lations must still total 1009	r beneficiaries, there mple: if you list three 33%. beneficiary, you may
being incomplete and may be some minor beneficiaries, the older I have additional attach a page with Primary Beneficiaries. 1.	nd can not be accepted; variance based upon the dest beneficiary will be all beneficiaries. If you with the additional beneficiary(ies) (Allocations must	and 4) If you select "Enumber of beneficiaried designated 33.34% and want to designate more iary information. Alloc	Equal Percentage" for yourses you have listed. For example the other two will be 33.25 than two of each type of lations must still total 1009	r beneficiaries, there mple: if you list three 33%. beneficiary, you may % for each category.
being incomplete and may be some minor beneficiaries, the older of the second of the s	nd can not be accepted; variance based upon the dest beneficiary will be all beneficiaries. If you with the additional beneficiary(ies) (Allocations must	and 4) If you select "Enumber of beneficiaried designated 33.34% and want to designate more iary information. Allocat total 100%):	Equal Percentage" for your so you have listed. For exart the other two will be 33.2 than two of each type of lations must still total 1009 all Percentage	r beneficiaries, there mple: if you list three 33%. beneficiary, you may % for each category.
being incomplete and may be some minor beneficiaries, the older of the second of the s	nd can not be accepted; variance based upon the dest beneficiary will be all beneficiaries. If you with the additional beneficiary(ies) (Allocations must	and 4) If you select "Enumber of beneficiaried designated 33.34% and want to designate more iary information. Allocat total 100%):	Equal Percentage" for your so you have listed. For exart the other two will be 33 than two of each type of leations must still total 1009 all Percentage Date of Birth	r beneficiaries, there mple: if you list three 33%. beneficiary, you may % for each category.
being incomplete and may be some minor beneficiaries, the older of the complete and the com	nd can not be accepted; variance based upon the dest beneficiary will be a labeneficiaries. If you with the additional beneficiary(ies) (Allocations must Soo	and 4) If you select "Enumber of beneficiaried designated 33.34% and want to designate more iary information. Allocat total 100%):	Equal Percentage" for your so you have listed. For exart the other two will be 33 than two of each type of leations must still total 1009 all Percentage Date of Birth	r beneficiaries, there mple: if you list three 33%. beneficiary, you may % for each category. Allocation

Last Name	First Name	MI	Social Security Number		
`	NUED): Beneficiary Design	` .	ce any prior designation)		
Contingent Beneficia	ry(ies) (Allocations must to	otal 100%):			
1. Full Name				Allocation %	
Relationship	Social Sec	curity Number	Date of Birth		
Address			Phone		
2. Full Name				Allocation %	
Relationship	Social Sec	curity Number	Date of Birth		
Address			Phone		
Section IV: Authoriza	tion				
by the Plan as listed be some of my Primary I Beneficiaries. Conting	rsedes any prior beneficiary elow prior to my death. My Beneficiaries predecease me gent Beneficiaries will only in is on file, benefits will be	death benefits we, then my death receive benefits	ill be paid first to my Prima benefit will be paid to the if no Primary Beneficiary	ary Beneficiaries. If remaining Primary survives me. If no	
Signature			Date		
	Re	turn form by:	:		
Mail: Nationwide Reta PO Box 182797		Email: rpublic@nationwide.com			

Fax: (877) 677-4329 Columbus, OH 43218-2797