MEMBERSHIP APPLICATION

Kentucky Teachers' Retirement System 479 Versailles Road Frankfort, KY 40601-3800 Ph. (502) 848-8500

Do Not Use this form if you are a KTRS RETIRED Member!

Retirees Returning to Work Need to Complete Form F-1RET which is the:

Retiree Membership Application -- KTRS Retiree Returning to a KTRS Covered Position

This application is one of the most important documents you will complete in your teaching/employment career. Once employed in a position covered by KRS Chapter 161 your membership in Kentucky Teachers' Retirement System (KTRS) entitles you to valuable benefits. These benefits include survivor benefits and a \$2,000 life insurance benefit available to your beneficiary upon your death. It is vital that you follow the directions and complete this application accurately. Please type or print all requested information except for signatures. **Delay in sending this application to KTRS may jeopardize your survivor's eligibility for benefits.**

INSTRUCTIONS

It is important that you carefully read the instructions before completion of this form. (For questions concerning this form, please call KTRS.)

PART I

MEMBER INFORMATION: Use your full name, not initials. The name provided should be the same as the name used by your employer. **A copy of your social security card issued by the Social Security Administration and bearing your signature (not the stub that accompanies the card) is needed to verify the accuracy of this number. Your date of birth should be numerically listed (August 10, 1975 should be 08/10/1975). Address should be a permanent address. Any future change** of name or address must be in **writing** to KTRS.

PART II

SPOUSE AND DEPENDENT INFORMATION (If applicable): Format should follow instructions used for member information. Check to assure accuracy of social security numbers and birthdate information.

PART III.

MEMBER EMPLOYMENT INFORMATION: Please answer questions as indicated.

See back of page for additional instructions.

PART IV -

BENEFICIARY DESIGNATION: This section is extremely important and should be very carefully considered before completion. This section may be used to designate only a natural person or your estate as beneficiary. If you have any questions, please contact a KTRS counselor at (502)848-8500 **before** completion.

If you name more than one beneficiary, be sure to indicate if they are cobeneficiaries (who share equally) or whether one is the principal beneficiary and the other(s) are contingent beneficiaries (who receive benefits only if the principal is deceased). Your spouse must be listed as primary beneficiary to receive any survivor benefits. Minor children automatically qualify for survivor benefits, so it is not necessary to list them.

Whenever choice or events make a change of beneficiary desirable or necessary, **CONTACT KTRS AT ONCE for the required form**. [This form is also available on our web site at www.ktrs.org.] Failure to keep beneficiaries current can lead to unfortunate results and possible loss of valuable benefits.

KRS 161.480 provides that subsequent marriage voids your named beneficiary and your spouse becomes your beneficiary unless you complete a Change of Beneficiary Form [Form F-1(c)]. Divorce will terminate an ex-spouse designation as primary or contingent beneficiary. In this event, you should immediately complete Form F-1(c), which may be obtained by writing KTRS, if either of these actions occur.

The Law requires that if you have a living spouse <u>and</u> you designate someone else as your primary beneficiary, or if you designate your spouse <u>and</u> someone else as a co-beneficiary, the spouse must sign to show that they are aware they are not the listed primary beneficiary or the sole beneficiary.

Certain benefits are provided for a spouse or dependent under KRS 161.520 or 161.525. If you name a non-dependent and a dependent (or spouse) as cobeneficiaries, you may jeopardize the right of the dependent (or spouse) to full benefits. If there are questions concerning this situation, please contact KTRS.

PART V

MEMBER'S AFFIDAVIT: The member signature and witness signature are required before the account is established. After completion of Parts I through V, **return this form to your employer for completion.**

PART VI

EMPLOYER INFORMATION & CERTIFICATION To be completed by Employer

Complete Section VI and mail the application to KTRS within ten (10) days of the member's first service covered by this application. (Any questions, please call KTRS.)

MEMBERSHIP APPLICATION

KENTUCKY TEACHERS' RETIREMENT SYSTEM 479 Versailles Road Frankfort, Kentucky 40601-3800

MEMBER INFORMATION					
NAME					
	First	Middle	Last		
MARITAL STATUS:	SINGLE	MARRIED			
	h a copy of your	r Social Security Card)	RTH//	SEX F M	
MAILING ADDRESS _	Street or	Box Number			
CITY AND STATE			ZIP CODE		
HOME PHONE NO. (_)	WORK PHON	NE NO. ()		
PARI II	SPOUS	SE AND DEPENDENT INFO	PRMATION		
NAME OF SPOUSE (If A	Applicable)				
SOCIAL SECURITY NO)	DA	TE OF BIRTH	//	
LIST DEPENDENTS (0)	ther Than Spouse)	ATTACH LIST IF NECESSAI	Month RY	Day Year	
Nan	ne	Birthdate	Social S	Security Number	
Name		Birthdate	Social Security Number		
Name		Birthdate	Social S	Security Number	
PART III ———	MEM	BER EMPLOYMENT INFO	RMATION		
• ~ ~		lic Schools or were employed		by KTRS before	
		employer and dates of emplo		ar	
(b) If yes, please pro	vide your name(s) previously used, if different fr	rom Part I		
(2) Have you ever without	drawn an account	with the Kentucky Teachers' Re	etirement System?	Yes 🔲 No 🗌	
		with the Kentucky Employees I , or State Police Retirement Syste		Yes	
		+ + +			
Dup. Rec D	District Birth Month	Birth Day Birth Year Age at Entry D	late of Entry KERS Service		

	CIARY DESIGNATION CAREFULLY		
In the event of my death, I direct the Board of			em of the State of
Kentucky to pay the proceeds of my account t	o the person or pers	ons named below after	evaluation of the
Retirement Law concerning Survivor Benefits. I beneficiary, the spouse <u>must</u> sign below. (1)	•	_	
please write Estate or none.)	riease do not leave	this section dialik. If	no beneficiary,
F ,			
1. Name of Primary Beneficiary	Relation	Street Address, Box, or R	oute Number
	· ioialioi	0.10017.000, 2001, 0.11.	
Beneficiary Social Security Number	City	State	Zip
2.			
Name of Beneficiary (You must check a block if you enter a name on line 2)	Relation	Street Address, Box, or Re	oute Number
Beneficiary Social Security Number	City	State	Zip
Co-Beneficiary Contingent Beneficiary (Plea	ase Check One)		
I certify as the spouse of the member of this applic Beneficiary of the account and would not be entitled other named Beneficiaries under the Kentucky Teach the applicant.	d to any benefits, or as	Co-Beneficiary would sha	are equally with the
Signature	e of Spouse (if applicable)	Date	
PART V			
MEM	BER'S AFFIDAVIT		
I understand that failure to meet the condition of me of my membership and a refund of my contributions		in KRS Chapter 161, will r	esult in termination
I certify that the statements I have made on this for that the beneficiary designation is to remain in force in KRS Chapter 161.480.			
Signat	ure of Member		
Member's signature must be witnessed by an individente Member by blood or marriage.	dual that has personal	knowledge of the Member	but, not related to
Signature of Witness	D	ate	
	IN THE RETIREMENT		
	RMATION AND CER		
I certify that the member herein named in this approved position, as specified in KRS Chapter 161, in \$\square\$ Full-time contractual (.7 or more) \$\square\$ Substitute	n <u>one</u> of the following p		
Title or Position:	Employmer	nt will begin on (date)	
Title or Position: Days in Contract Period Rate	e of pay	Contribution rate	%
	Signat	ure of Authorized District/Ag	ency Designee
Designee Phone Number ()	Date o	of Signature	, 20

Member's Name _____ Social Security Number _____

PART IV -