RETIREE BENEFICIARY CHANGE FORM

Use this form to designate the person(s) or entity(ies) to receive your life insurance proceeds upon your death. Submitting this form replaces your prior beneficiary designations. Please complete information for each beneficiary, even if previously submitted. To name additional beneficiaries, attach a separate page.

This form applies to Evergy-administered retiree life insurance and survivor benefits. Only legacy Westar retirees who elected to participate in the COLI program in 1992-1993 can elect a separate beneficiary for a Survivor Benefit. To do so, please request an additional beneficiary change form. **Indicate below which benefits this change applies to:**

☐ **Life Insurance** ☐ **Survivor Benefit**

Your Information

First name	Last name		
Date of birth	Social Security number	Phone number	
Address	City	State	ZIP

Primary Beneficiaries

Primary beneficiaries are the first to receive the insurance proceeds upon your death. You must name at least one (1) primary beneficiary. Use the % of Benefit field to indicate how the proceeds should be distributed. If specifying percentages, use whole numbers only and ensure the total equals 100%.

First name	Last name	
Date of birth	Social Security number	Phone number
Relationship to Retiree		% of Benefit

First name	Last name	
Date of birth	Social Security number	Phone number
Relationship to Retiree		% of Benefit

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Contingent Beneficiaries

Skip this section if you are not naming a contingent beneficiary or if your Estate is named as a primary beneficiary. Contingent beneficiaries receive the insurance proceeds only if all primary beneficiaries are deceased at the time of your death. Do not list the same person or entity as both a primary and contingent beneficiary. Use the % of Benefit field to indicate how proceeds should be distributed. Percentages must be whole numbers and total 100%.

First name	Last name	
Date of birth	Social Security number	Phone number
Relationship to Retiree		% of Benefit

First name	Last name	
Date of birth	Social Security number	Phone number
Relationship to Retiree		% of Benefit

NOTE: Note: If you are naming a Living Trust or a Charity/Organization as a beneficiary, please provide a copy of the trust document, the trust Tax ID number, and the Trustee's full name and contact information.

Signature Required

By signing below, I revoke all prior beneficiary designations and designate the person(s) or entity named above as beneficiaries. I understand this designation is not effective until received by the Plan Administrator.

Retiree signature	Date completed

How to submit this form

Mail: Evergy Human Resources | PO Box 889 Topeka, KS 66601
Email: HR@evergy.com