

BENEFICIARY DESIGNATION INSTRUCTIONS

To participants in the City of Prairie Village, Kansas Supplemental Pension Benefit Plan and Trust Agreement:

Accompanying this memorandum is a copy of a beneficiary designation form. As a participant, you are entitled to designate a recipient of your interest in the Trust in the event of your death. You should use the accompanying form for this purpose. We do recommend that you consult an attorney for advice in estate planning and assistance in completing the form. If you do not elect to seek the assistance of an attorney, please observe the following:

1. Read the entire form very carefully.
2. Only the participant need execute the form.
3. You must sign and date the designation.
4. You must execute the form in duplicate and return one copy to the company and retain one copy with other important records.
5. If you wish to designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show the relationship as "Friend."
6. If you wish to name your estate, insert "Estate" in the first blank space.
7. If you wish to designate a trust, insert the name of the trustee and trust in the blank space.

SUPPLEMENTAL BENEFICIARY DESIGNATION NOTICE

To the Trustee and Advisory Committee of the City of Prairie Village, Kansas, Supplemental Pension Benefit Plan and Trust Agreement:

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my share of the Trust payable by reason of my death:

Primary beneficiary:

Name: _____	Social Security #: _____
Address: _____ _____	Relationship: _____
	Proportion: _____ %
Name: _____	Social Security #: _____
Address: _____ _____	Relationship _____
	Proportion _____ %

Secondary beneficiary:

Name: _____	Social Security #: _____
Address: _____ _____	Relationship: _____
	Proportion: _____ %
Name: _____	Social Security #: _____
Address: _____ _____	Relationship _____
	Proportion _____ %

The right to revoke or change any beneficiary designation is hereby reserved. All Prior designations (if any) of beneficiaries and secondary beneficiaries are hereby revoked.

The Trustee shall pay all sums payable under the Plan by reason of death to the primary beneficiary, if he or she survives me, and if no primary beneficiary shall survive me, then to the secondary beneficiary, and if no named beneficiary survives me, then the Trustee shall pay all amounts in accordance with Section 8.02 of the Plan.

NOTE: Unless the participant provides otherwise in completing this designation, the Trustee shall pay all sums payable to more than one beneficiary equally to the living beneficiaries.

Date of this designation

Signature of participant