

Florida Retirement System Pension Plan
Beneficiary Designation Form
Active Members Only
P.O. Box 9000
Tallahassee, FL 32315-9000
(850) 488-8837 Toll Free:(877) 377-3675
Fax:(850) 410-2196



Member Name _____ Member SSN: _____
(Last Name, First Name, Middle Name)

(Prior-Last Name, First Name, Middle Name) Birthdate _____ Circle One: Female / Male _____

DESIGNATION OF BENEFICIARIES - CHOOSE ONLY ONE SECTION - COMPLETE SECTION 1, 2, or 3

REEMPLOYED RETIREES - Completion of this section will not change the beneficiary on your retired account. This beneficiary designation is for your renewed membership under FRS Pension Plan. Obtain Form FST-12 from the Division of Retirement if you wish to change the beneficiary on your retired account. **Only a beneficiary who qualifies as joint annuitant will be eligible for a monthly benefit upon your death.**

DROP PARTICIPANTS - Do not use this form to change your beneficiary. Obtain Form FST-12 from the Division of Retirement.

TRS & SCOERS MEMBERS - You must choose Section 1 Sequentially or Section 2 Jointly and name a beneficiary.

*****TYPE OR PRINT*****

1. I CHOOSE TO HAVE BENEFITS PAID SEQUENTIALLY (IN THE ORDER NAMED) - Benefits will be paid to the first named beneficiary.

_____	_____	_____	_____
Primary Beneficiary	Relationship	Birthdate	Gender
_____	_____	_____	_____
First Contingent Beneficiary	Relationship	Birthdate	Gender
_____	_____	_____	_____
Second Contingent Beneficiary	Relationship	Birthdate	Gender

OR

2. I CHOOSE TO HAVE BENEFITS PAID JOINTLY -(PERCENTAGES SHOULD TOTAL 100%) Benefits will be divided and payable as indicated below.

_____	_____	_____	_____	_____
Primary Beneficiary	Relationship	Birthdate	Gender	%
_____	_____	_____	_____	_____
Primary Beneficiary	Relationship	Birthdate	Gender	%
_____	_____	_____	_____	_____
Primary Beneficiary	Relationship	Birthdate	Gender	%

OR

3. I CHOOSE TO HAVE BENEFITS PAID IN ACCORDANCE WITH 121.091(8), F.S., AS FOLLOWS: Benefits from your account will be paid: 1st to your spouse, 2nd to your living children (equally), 3rd to your parents (equally), and 4th to the legal representative of your estate. If you are not survived by a spouse, the names of your survivors must be documented by court order. If you do not want your benefits paid in this manner in the event of your death, complete either Section 1 or 2.

If the above does not meet your needs, attach a signed and dated listing of your designated beneficiaries (in the above format). Please include the relationship, birthday, gender, and percentage for each designated beneficiary.

Member Signature _____ Agency Number/Agency Name _____ Date _____

DESIGNATION OF BENEFICIARY - FRS PENSION PLAN ONLY: Section 121.091(8), Florida Statutes, provides: "Each member may, on a form provided for that purpose, signed and filed with the Division, designate a choice of one or more persons, named sequentially or jointly, as his or her beneficiary who shall receive the benefits, if any, which may be payable in the event of the member's death pursuant to the provisions of this chapter. If no beneficiary is named in the manner provided above, or if no beneficiary designated by the member survives the member, the beneficiary shall be the spouse of the deceased, if living. If the member's spouse is not alive at his or her death, the beneficiary shall be the living children of the member. If no children survive, the beneficiary shall be the member's father or mother, if living; otherwise, the beneficiary shall be the member's estate." If your designated beneficiary does not qualify as a joint annuitant, only a refund of any contributions you made to the system will be paid at your death. Only a joint annuitant will be eligible to receive monthly benefits from your retirement account. A joint annuitant is your spouse; your natural or legally adopted child who is either under age 25 or is physically or mentally disabled and incapable of self-support (regardless of age); or your parent, grandparent, or a person for whom you are the legal guardian, provided such parent, grandparent, or person received one-half or more of their financial support from you or is eligible to be claimed as a dependent on your federal income tax return. Effective January 1, 1999, a member's spouse will be the primary beneficiary regardless of previous beneficiary designations unless a new Form BEN-001is completed subsequent to the marriage to the current spouse.

TRS or SCOERS MEMBERS: You must name a beneficiary to receive, sequentially or jointly, any benefits that may be payable upon your death prior to retirement. You may name as your beneficiary any person, organization, your estate or trust, but only your spouse is eligible to receive a monthly benefit if you die prior to your actual retirement after completing 10 years of creditable service.

You should keep your beneficiary designations current at all times. Any questions on designating beneficiaries should be directed to the Division by writing: Division of Retirement, ATTN: Enrollment Section, Division of Retirement, P.O. Box 9000, Tallahassee, FL 32315-9000 or by calling 850/488-8837 or 877/FRS-ENRL (877/377-3675). Completed forms may be faxed to (850) 410-2196.



FRS INVESTMENT PLAN BENEFICIARY DESIGNATION

Investment Plan



Please PRINT clearly, using blue or black ink.

Form with fields: Social Security Number, Last Name, First Name, MI, Birth Date, Work Telephone, Home Telephone, E-Mail.

You may designate one or more individuals as your beneficiary to receive your assets, if any, in the FRS Investment Plan in the event of your death. You may designate any person, organization or trust, or your estate. Contingent beneficiaries are optional — they will inherit your FRS Investment Plan Account if all primary beneficiaries are deceased. Enter all required information for each beneficiary. If you need to add more than 3 primary or contingent beneficiaries, make a copy of this page and attach it to this form. You may change your beneficiary at any time by logging on to MyFRS.com or by completing a new Beneficiary Designation form. NOTE: If you are participating in the FRS Hybrid Option, your beneficiary named below for the Investment Plan will not affect your selected beneficiary in the Pension Plan. Additionally, Section 112.363(3)(e)2., F.S., provides that only a spouse who is named as the primary designated beneficiary is eligible to receive the Health Insurance Subsidy (HIS) under the Investment Plan. You reserve the right to change this designation with the understanding that this designation, and any change thereof, will be effective only upon receipt by the FRS Investment Plan Administrator.

Marital Status: Check One Box

Please PRINT clearly, using blue or black ink

Single

Married Spouse Name: SSN:

Address:

A. Primary Beneficiaries (NOTE: All primary beneficiary percentages must be in whole percents and must total 100%.)

Table with 5 columns: Name of Primary Beneficiary, Date of Birth (MM/DD/YYYY), Relationship, SSN, Percent Payable. Includes a Total = 100 % row.

B. Contingent Beneficiaries (NOTE: All contingent beneficiary percentages must be in whole percents and must total 100%.)

Table with 5 columns: Name of Contingent Beneficiary, Date of Birth (MM/DD/YYYY), Relationship, SSN, Percent Payable. Includes a Total = 100 % row.

I understand that the execution of this form and receipt thereof by the Investment Plan Administrator will revoke all prior designations I may have made.

I understand that if I am married and have named someone other than my spouse as my primary beneficiary, my spouse needs to sign this designation in the box below.

Signature of Member Date

Employing Agency Name:

IF YOU HAVE NAMED SOMEONE OTHER THAN YOUR SPOUSE AS YOUR PRIMARY BENEFICIARY, YOUR SPOUSE IS REQUIRED TO SIGN BELOW: Signature of Spouse Date

Mail your completed form to: FRS Investment Plan Administrator, PO Box 785027, Orlando, FL 32878-5027 OR Fax your completed form to: 1-888-310-5559 Attention FRS Investment Plan Administrator.

DO NOT MAIL HARD COPY OF THE FORM IF FAXING.