



Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

**This form is for currently employed members or terminated members (not retired) who wish to designate or change their beneficiaries.**

**FRS MEMBERS:** Only a beneficiary who qualifies as a joint annuitant will be eligible for a monthly benefit upon your death. If your designated beneficiary does not qualify as a joint annuitant, a refund of any contributions you made to the system will be paid at your death. 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 his or her financial support from you or is eligible to be claimed as a dependent on your federal income tax return. **Your current spouse is the primary beneficiary regardless of previous beneficiary designations unless a new Form BEN-001 is completed after your marriage to your current spouse.**

**DEFERRED RETIREMENT OPTION PROGRAM (DROP) PARTICIPANTS:** Please do not use this form to change your beneficiary. Obtain Form FST-12 from the Division of Retirement, Survivor Benefits Section or online at [www.FRS.MyFlorida.com](http://www.FRS.MyFlorida.com).

**TRS or SCOERS MEMBERS:** You may name as your beneficiary any person or 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.

**INSTRUCTIONS:** Please list (type or print) your beneficiaries' information below. Return the form to the Division of Retirement at the above address and keep a copy for your records. Any questions on designating beneficiaries should be directed to the Division of Retirement, Survivor Benefits Section. **Please keep your beneficiary designation current at all times.**

1. **Primary Beneficiary(s)** - Indicate percentages if naming more than one primary beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries, any remaining benefits are paid to the contingent beneficiary(s).

	Beneficiary	Relationship	Birthdate	Sex	Percentages
A.	_____	_____	_____	_____	_____ %
B.	_____	_____	_____	_____	_____ %
C.	_____	_____	_____	_____	_____ %
D.	_____	_____	_____	_____	_____ %

2. **Contingent Beneficiary(s)** - Indicate percentages if naming more than one contingent beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries and contingent beneficiaries, any remaining benefits are paid to the last beneficiary's estate.

	Beneficiary	Relationship	Birthdate	Sex	Percentages
A.	_____	_____	_____	_____	_____ %
B.	_____	_____	_____	_____	_____ %
C.	_____	_____	_____	_____	_____ %
D.	_____	_____	_____	_____	_____ %

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**