FST-11g Rev. 03/10 Survivor Benefits

Florida Retirement System Pension Plan Application of Beneficiary for Benefit Payment



MEMBER SSN:

PO BOX 9000 Tallahassee, FL 32315-9000 ULocal Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

MEMBER NAME:

BENEFICIARY INFORMATION

Beneficiary's Name	Beneficiary's SSN	Mailing Address
Beneficiary's Birth Date	Home Telephone Number	Mailing Address
Relationship to Member	Work Telephone Number	City, State, and Zip Code

SELECTED PAYOUT METHOD

Your payout election may have a TAX impact upon you. Please read the enclosed Special Tax Notice and consult a tax professional for additional guidance. If you are a surviving spouse or alternate payee of the deceased member, you are entitled to roll over the taxable amount into a traditional IRA or another eligible employer plan. Other beneficiaries are entitled to roll over the taxable amount into an inherited IRA. If either you or the member is subject to the Required Minimum Distribution (RMD) or if the member made 'after-tax' contributions, those amounts will be paid directly to you as a required lump sum payment.

A <u>lump sum</u> election means the FRS will mail the payment directly to you	Gross Balance:	\$	0.00
at the address above, minus the required federal withholding taxes.	RMD	\$	0.00
	After-Tax Contributions:	\$	0.00
*Tax Calculation: <u>\$ 0.00</u> (20% non-RMD amount) <u>\$ 0.00</u> (10% RMD amounts)	*Net Lump Sum Payment:	\$	0.00
A <u>direct rollover</u> election means the FRS will mail the eligible rollover portion of your balance directly to your selected plan and the lump sum balance will be mailed directly to you at the address above. The receiving financial institution's representative/custodian must complete the rollover section below. If you choose to roll over into a ROTH account, the taxation will default to 0% unless you make a federal tax withholding selection here: 10%20%	Payment (RMD and	י \$ \$	
A Partial lump sum: Please add the additional lump amount I noted to my required gross lump sum payment and reduce the rollover accordingly. I understand that the additional lump sum amount will be taxed.	Additional Lump Sum Amount	\$	

By signing this form, I attest to having read the Special Tax Notice and authorize the FRS to release payments accordingly.

BENEFICIARY'S SIGNATURE:

(sign in the presence of a Notary)

Notary: State of Florida, County of		. The above named person who has sworn to and subscribed				
before me thisday of	20	and is personally knownor has produced				
as identification.						
Signature of Notary Public		Print, Type or Stamp Commissioned Name of Notary Public				

Rule 60S-4.008, F.A.C. Page 1 of 2 Please review the next page before completing this form

This Section	on is for ROLLOVERS,	and must be filled out	by a REPRESENTATI	VE of the ELIGIBLE PLAN	l or IRA
provide the addres payment process	ss to where the check sh	hould be mailed. <i>Incomp</i>	lete forms will be ret	c)(8)(B) of the Internal Reve <i>curned to the member and</i>	will delay the
		te payee , complete this s ty (IRA) as described in s		ternal Revenue Code	
□Traditional □	Non-designated ROT	H (excluding designated)	- taxation will default t	to 0% unless an election wa	s made above.
Qualified Plan	A stock bonus, pension	, or profit sharing plan of	an employer as descril	bed in s. 401(a), 401(k), Inte	ernal Revenue
	Code				
Deferred Comp	pensation Plan as desc	cribed in s. 457(b), Interna	al Revenue Code		
□An Annuity as	described in s. 403(a)	or 403(b), Internal Reven	ue Code		
II. If the beneficia	ary is not a spouse or a	alternate payee, complete	e this section.		
Traditional I	nherited IRA 🛛 Rot	th Inherited IRA IRA Own	er	IRA Owner SSN	
Payable To:	Financial Institution	Account #: (optional)		Phone #:	
Mail Payment to Address			Representative:	Print Name	
			_	Print Name	
			_ Representative:		
				Signature	Date

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