

FLORIDA RETIREMENT SYSTEM PENSION PLAN
Application of Beneficiary for Benefit Payment



PO BOX 9000 Tallahassee, FL 32315-9000
Local Phone: (850) 488-5207 Toll Free: (877) 377-4347 Fax: (850) 410-2197

MEMBER NAME: _____

MEMBER SSN: _____

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.

<input type="checkbox"/> A lump sum election means the FRS will mail the payment directly to you at the address above, minus the required federal withholding taxes. *Tax Calculation: \$ _____ (20% non-RMD amount) \$ _____ (10% RMD amount)	Gross Balance: \$ _____ RMD: \$ _____ After-Tax Contributions: \$ _____ *Net Lump Sum Payment:
	<input type="checkbox"/> A direct rollover 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 select either of the following tax rates: _____ 10% _____ 20%
<input type="checkbox"/> A partial lump sum option: Please add the additional 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: _____
(must be signed in the presence of a Notary Public)

Notary: State of _____, County of _____. The above named person who has sworn to and subscribed before me this _____ day of _____ 20____ and who is personally known _____ or has produced _____ identification.

Signature of Notary Public

Print or Stamp Notary Public's Commission Name and Number

This Section is for ROLLOVERS, and must be filled out by a REPRESENTATIVE of the ELIGIBLE PLAN OR IRA

Please select the type of account the rollover is being deposited in (as defined in s. 402(c)(8)(B) of the internal Revenue Code) and provide the address to where the check should be mailed. **Incomplete forms will be returned to the beneficiary and delay the payment process.**

I. If the beneficiary is a **spouse or alternate payee**, complete this section.

Individual Retirement Account/Annuity (IRA) as described in s. 408(a) and 408(b), Internal Revenue Code

- Traditional** **Non-designated ROTH** (taxation will default to 0% unless an election was made above)
- Qualified Plan**, a stock bonus, pension, or profit sharing plan of an employer as described in s. 401(a), 401(k), Internal Revenue Code
- Deferred Compensation Plan** as described in s. 457(b), Internal Revenue Code
- An Annuity** as described in s. 403(a) or 403(b), Internal Revenue Code

II. If the beneficiary is **not a spouse or alternate payee**, complete this section.

Traditional Inherited IRA **Roth Inherited IRA** IRA Owner _____ IRA Owner SSN _____

Payable To: _____ Financial Institution	Account #: _____	Phone #: _____
Mail Payment To Address: _____	Representative: _____	Print Name _____
City _____ State _____ Zip _____	Representative: _____	Signature _____ Date _____