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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



lember Name		Member SSN:		
(Last Name, First Name, Middle Name)				
		Circle One:	Female / Male	
rior-Last Name, First Name, Middle Name)	Birthdate	-		

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 ***

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

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

Primary Beneficiary	Relationship	Birthdate	Gender	%
Primary Beneficiary	Relationship	Birthdate	Gender	%
Primary Beneficiary	Relationship	Birthdate	Gender	%
	OR			

I CHOOSE TO HAVE BENEFITS PAID IN ACCORDANCE WITH 121.091(8), E.S., AS FOLLOWS: Benefits from your account will 3. 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

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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.

Rule 60S-4.011, F.A.C.