

FST-12  
Effective 07/16  
Survivor Benefits

**Florida Retirement System Pension Plan**  
**Retired Member and DROP Participant Beneficiary Designation Form**  
PO Box 9000 Tallahassee, FL 32315-9000  
Local Phone: 850-907-6500 Toll Free: 844-377-1888 Fax: 850-410-2010

This form is for retired members, including Deferred Retirement Option Program (DROP) participants, who wish to designate or change their beneficiaries. Benefits due for the month of your death will be paid to your estate. Benefits due (if applicable) after the month of death are payable to the designated beneficiary on file with the division.

Return the notarized 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. **Please keep your beneficiary designation current at all times.**

This form can be obtained under [Forms](#) on the Retirees tab on our website, [www.FRS.MyFlorida.com](http://www.FRS.MyFlorida.com), or by contacting the Division of Retirement.

