

**Florida Retirement System Pension Plan
Beneficiary Designation Form
Active Members Only**



P.O. Box 9000

Tallahassee, FL 32315-9000

(850) 488-8837

Toll Free 1-877-377-3675

Member Name _____
(Last Name, First Name, Middle Name)

Member SSN: _____

(Prior-Last Name, First Name, Middle Name)

Birthdate

Circle One: Female / Male

DESIGNATION OF BENEFICIARIES - COMPLETE ONLY 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.

1. **I CHOOSE TO HAVE BENEFITS PAID IN ACCORDANCE WITH 121.091(8), F.S., AS FOLLOWS:**
FRS PENSION PLAN MEMBERS ONLY - Benefits from your account to 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 2 or 3.

TRS & SCOERS MEMBERS-You must name a beneficiary either Sequentially or Jointly.

OR

*****TYPE OR PRINT THE FOLLOWING SECTIONS*****

2. **SEQUENTIALLY** (IN ORDER NAMED) - Do not list a beneficiary here if above section is completed. 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

3. **JOINTLY** -Benefits shall be divided and payable as indicated below (percentages should total 100%)

_____ Primary Beneficiary	_____ Relationship	_____ Birthdate	_____ Gender	_____ %
_____ Primary Beneficiary	_____ Relationship	_____ Birthdate	_____ Gender	_____ %
_____ Primary Beneficiary	_____ Relationship	_____ Birthdate	_____ Gender	_____ %

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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DESIGNATION OF BENEFICIARY - FRS PENSION PLAN ONLY: Section 121.091(8), Florida Statutes, provides: "Each member may, on a form provided for that purpose, signed and filed with the Division, designate a choice of one or more persons, named sequentially or jointly, as his or her beneficiary who shall receive the benefits, if any, which may be payable in the event of the member's death pursuant to the provisions of this chapter. If no beneficiary is named in the manner provided above, or if no beneficiary designated by the member survives the member, the beneficiary shall be the spouse of the deceased, if living. If the member's spouse is not alive at his or her death, the beneficiary shall be the living children of the member. If no children survive, the beneficiary shall be the member's father or mother, if living; otherwise, the beneficiary shall be the member's estate." If your designated beneficiary does not qualify as a joint annuitant, only a refund of any contributions you made to the system will be paid at your death. Only a joint annuitant will be eligible to receive monthly benefits from your retirement account. 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 their financial support from you or is eligible to be claimed as a dependent on your federal income tax return. **Effective January 1, 1999, a member's spouse will be the primary beneficiary regardless of previous beneficiary designations unless a new Form BEN-001 is completed subsequent to the marriage to the current spouse.**

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.