BEN-001 Rev. 6/04 Enrollment

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



P.O. Box 9000 Tallahassee, FL 32315-9000 (850) 488-8837

	Toll Free 1-877-3	377-3675			
Member Name			Member SSN:		
(Last Name, F	irst Name, Middle Name)				
			_ Circle One:	Female	/ Male
(Prior-Last Name, First Name, Middle Name)		Birthdate			
DESIG	NATION OF BENEFICIARIES	- COMPLETE ONLY SE	CTION 1, 2, or 3		
REEMPLOYED RETIREES - Compis for your renewed membership ubeneficiary on your retired account death. DROP PARTICIPANTS - Do not us	nder FRS Pension Plan. Obtain F Only a beneficiary who qualifie	orm FST-12 from the Divisions as joint annuitant will be	on of Retirement if y eligible for a mont	you wish t thly bene	to change the fit upon your
FRS PENSION PLAN MEM (equally), 3rd to your paren names of your survivors mu death, complete either Secti	EFITS PAID IN ACCORDANCE WIMBERS ONLY - Benefits from you ts (equally), and 4th to the legal rist be documented by court order. ion 2 or 3. S-You must name a beneficiary either.	ur account to be paid: 1st to epresentative of your estate If you do not want your bene her Sequentially or Jointly.	o your spouse, 2nd . If you are not sur	vived by	a spouse, the
		OR FOLLOWING SECTION			
named beneficiary. Primary Beneficiary	R NAMED) - Do not list a beneficia	Birthdate		- Ge	ender
First Contingent Beneficiary	Relationship	Birthdate		Ge	ender
Second Contingent Beneficiary	Relationship	Birthdate		Ge	ender
3 JOINTLYBenefits shall be shall	e divided and payable as indicated	OR I below (percentages should Birthdate	, 	ender	%
Primary Beneficiary	Relationship	Birthdate	Ge	ender	%
Primary Beneficiary	Relationship	Birthdate	Ge	ender	%
If the above does not meet your neer relationship, birthday, gender, and percentage of the percentage				mat). Plea	ase include the
Member Signature	Agency Number/Age	ncy name	Date		

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 otherwise, 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-001is 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.