

BEN-001
Effective 07/16
Calculations

Florida Retirement System Pension Plan
Active Member 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 currently employed members or terminated members (not retired) who wish to designate or change their beneficiaries.

This form is also available from the [Forms](#) section of the Members page of the division's website, www.FRS.MyFlorida.com. Your beneficiary designation can also be securely updated by logging in to your FRS Online account.

FRS MEMBERS: Only a beneficiary who qualifies as a joint annuitant will be eligible for a monthly benefit upon your death. If your designated beneficiary does not qualify as a joint annuitant, a refund of any contributions you made to the system will be paid at your death. 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 his or her financial support from you or is eligible to be claimed as a dependent on your federal income tax return. **Your current spouse is the primary beneficiary regardless of previous beneficiary designations unless a new Form BEN-001 is completed *after* your marriage to your current spouse.**

DEFERRED RETIREMENT OPTION PROGRAM (DROP) PARTICIPANTS: Please do not use this form to change your beneficiary. Obtain Form FST-12 by contacting the Division of Retirement or from the Retirees tab on our website, www.FRS.MyFlorida.com.

TRS or SCOERS MEMBERS: You may name as your beneficiary any person or 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.

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Active Member Beneficiary Designation Form**



PO Box 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 Fax: 850-410-2010

Member Name: _____ Member SSN: _____

Mailing Address: _____ Daytime Phone Number: (____) _____

INSTRUCTIONS: Please list (type or print) your beneficiaries' information below. Return the form to the Division of Retirement at the above address and keep a copy for your records. To designate more than two primary or contingent beneficiaries, use additional copies of this form as needed. If additional forms are required, the total percentage between all forms must equal 100 percent. Write the sequence of multiple pages at the top of each form. For example: Page 1 of 2. Any questions on designating beneficiaries should be directed to the Division of Retirement. **Please keep your beneficiary designation current at all times.**

1. Primary Beneficiary(s) - Indicate percentages if naming more than one primary beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries, any remaining benefits are paid to the contingent beneficiary(s).

A. _____ %

Name of Primary	Birthdate	Gender	Relationship	Percentage
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Primary Address	Primary Phone
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B. _____ %

Name of Primary	Birthdate	Gender	Relationship	Percentage
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Primary Address	Primary Phone
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2. Contingent Beneficiary(s) - Indicate percentages if naming more than one contingent beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries and contingent beneficiaries, any remaining benefits are paid to the last beneficiary's estate.

A. _____ %

Name of Contingent	Birthdate	Gender	Relationship	Percentage
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Contingent Address	Contingent Phone
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B. _____ %

Name of Contingent	Birthdate	Gender	Relationship	Percentage
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Contingent Address	Contingent Phone
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Member Signature

Date