



FRS INVESTMENT PLAN BENEFICIARY DESIGNATION



Investment Plan

Please PRINT clearly, using blue or black ink.

Social Security Number / /	Last Name	First Name	MI
Birth Date / /	Work Telephone ()	Home Telephone ()	E-Mail:

You may designate one or more individuals as your beneficiary to receive your assets, if any, in the FRS Investment Plan in the event of your death. You may designate any person, organization or trust, or your estate. **Contingent beneficiaries are optional — they will inherit your FRS Investment Plan Account if all primary beneficiaries are deceased.** Enter all required information for each beneficiary. If you need to add more than 3 primary or contingent beneficiaries, make a copy of this page and attach it to this form. You may change your beneficiary at any time by logging on to MyFRS.com or by completing a new Beneficiary Designation form. **NOTE:** If you are participating in the FRS Hybrid Option, your beneficiary named below for the Investment Plan will not affect your selected beneficiary in the Pension Plan. Additionally, Section 112.363(3)(e)2., F.S., provides that only a spouse who is named as the primary designated beneficiary is eligible to receive the Health Insurance Subsidy (HIS) under the Investment Plan. You reserve the right to change this designation with the understanding that this designation, and any change thereof, will be effective only upon receipt by the FRS Investment Plan Administrator.

Marital Status: Check One Box

Single

Married Spouse Name: _____ SSN: _____ / _____ / _____

Address: _____

Please PRINT clearly, using blue or black ink

A. Primary Beneficiaries (NOTE: All primary beneficiary percentages must be in whole percents and must total 100%.)

Name of Primary Beneficiary	Date of Birth (MM/DD/YYYY)	Relationship	SSN	Percent Payable
_____	____/____/____	_____	____/____/____	____%
_____	____/____/____	_____	____/____/____	____%
_____	____/____/____	_____	____/____/____	____%
Total = 100				%

B. Contingent Beneficiaries (NOTE: All contingent beneficiary percentages must be in whole percents and must total 100%.)

Name of Contingent Beneficiary	Date of Birth (MM/DD/YYYY)	Relationship	SSN	Percent Payable
_____	____/____/____	_____	____/____/____	____%
_____	____/____/____	_____	____/____/____	____%
_____	____/____/____	_____	____/____/____	____%
Total = 100				%

I understand that the execution of this form and receipt thereof by the Investment Plan Administrator will revoke all prior designations I may have made.

I understand that if I am married and have named someone other than my spouse as my primary beneficiary, my spouse needs to sign this designation in the box below.

Signature of Member _____ Date _____

Employing Agency Name: _____

IF YOU HAVE NAMED SOMEONE OTHER THAN YOUR SPOUSE AS YOUR PRIMARY BENEFICIARY, YOUR SPOUSE IS REQUIRED TO SIGN BELOW:	
Signature of Spouse _____	Date _____

Mail your completed form to: FRS Investment Plan Administrator, PO Box 785027, Orlando, FL 32878-5027
OR Fax your completed form to: 1-888-310-5559 Attention FRS Investment Plan Administrator.

DO NOT MAIL HARD COPY OF THE FORM IF FAXING.