



FRS INVESTMENT PLAN BENEFICIARY DESIGNATION

Investment Plan



Please PRINT clearly, using blue or black ink.

Form with fields: Last 4 digits of SSN, Last Name, First Name, MI, Birth Date, Daytime Telephone, Mobile Telephone, Personal 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 and must be different than your primary beneficiaries — they will inherit your FRS Investment Plan Account if all primary beneficiaries are deceased.

Marital Status: Check One Box

Single

Married Spouse Name: Last 4 digits of SSN:

Address:

A. Primary Beneficiaries (NOTE: All primary beneficiary percentages must be in whole percents and must total 100%. The percentage payable to a beneficiary who dies before you will be paid equally among the surviving primary beneficiaries.)

Table with 6 columns: Name of Primary Beneficiary, Date of Birth, Relationship, Gender, Last 4 digits of SSN, Percent Payable. Includes a Total = 100% row.

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

Table with 6 columns: Name of Contingent Beneficiary, Date of Birth, Relationship, Gender, Last 4 digits of SSN, Percent Payable. Includes a Total = 100% row.

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 I have the right to change this designation at any time and it will be effective only upon receipt by the Investment Plan Administrator.

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.