



Florida Retirement System

# FRS INVESTMENT PLAN BENEFICIARY DESIGNATION FORM

Please complete all fields, review the information on page 2, then click "Submit." Items marked with an asterisk (\*) are required fields.

<b>LAST NAME*</b> <input type="text"/>	<b>FIRST NAME*</b> <input type="text"/>	<b>MIDDLE INITIAL</b> <input type="text"/>
<b>LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*</b> <input type="text"/>		<b>DATE OF BIRTH (MM/DD/YYYY)*</b> <input type="text"/>

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.** Enter all required information for each beneficiary. If you need to add more than 5 primary or contingent beneficiaries, you will need to complete the [hard copy](#) Beneficiary Designation form, make a copy of page 1, and attach it to the form prior to mailing or faxing it to the FRS Investment Plan Administrator. You may also change your beneficiary at any time by logging in MyFRS.com or by completing and submitting the hard copy [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.

<b>CHECK ONE BOX:*</b>	<input type="checkbox"/> <b>MARRIED</b>	<input type="checkbox"/> <b>SINGLE</b>
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**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.)**

First Name	Last Name	Date of Birth (MM/DD/YYYY)	Relationship	Gender (M/F)	Percent Payable	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select a Relationship ▾	<input type="text"/>	<input type="text"/>	Delete

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

First Name	Last Name	Date of Birth (MM/DD/YYYY)	Relationship	Gender (M/F)	Percent Payable	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select a Relationship ▾	<input type="text"/>	<input type="text"/>	Delete

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 must sign the Acknowledgement of Beneficiary Designation and it must be returned to the Investment Plan Administrator.

Signature of the Member <input type="text"/>	DATE <input type="text" value="10/19/2021"/>
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TO SUBMIT YOUR ELECTION, REVIEW THE INFORMATION ON PAGE 2 AND THEN AT THE BOTTOM OF THE PAGE COMPLETE THE "CAPTCHA" THEN CLICK "SUBMIT".

## Questions?

**MyFRS Financial Guidance Line**

1-866-446-9377, Option 4 (TRS 711)

Get free, unbiased guidance from experienced financial planners about the plans or the election process.

### Review the Following Important Information Carefully

- **Confirmation Statement** —You will receive a confirmation statement once your Beneficiary Designation Form has been processed. The confirmation statement will be mailed to your address on file as supplied by your employer or delivered electronically through the MyFRS.com website. Allow 1 to 2 weeks to receive it. Notify your employer of any address changes.
- **Rights and Responsibilities** —A description of your rights and responsibilities under the Investment Plan is in the Summary Plan Description, the Florida Statutes, and the Administrative Rules and can be obtained by calling the MyFRS Financial Guidance Line, Option 2, or by visiting MyFRS.com.
- **Electronic Signature** —You agree that this beneficiary form may be electronically signed and that your electronic signature is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility. If you prefer, you may print out a [hard copy of this form](#) and submit it.
- **Spousal Acknowledgement** —If you are married and designate a primary beneficiary other than your spouse, per Florida law, your spouse must sign and submit the Acknowledgement of Beneficiary Designation to acknowledge that they are not the primary beneficiary of your Investment Plan account(s) (Section 121.4501(20), F.S.). If the signed form is not submitted, the beneficiary designation you have on file with the Investment Plan Administrator at the time of your death will be honored only if your spouse's beneficiary rights are not compromised under Florida law. Only a spouse who is named as a primary beneficiary is eligible to receive the Health Insurance Subsidy (HIS) under the Investment Plan (Section 112.363(3)(e)2, F.S.).

<input type="checkbox"/> I'm not a robot	reCAPTCHA Privacy · Terms
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Submit