



**FRS INVESTMENT PLAN
ACKNOWLEDGEMENT OF BENEFICIARY DESIGNATION**

Investment Plan



Please PRINT clearly, using blue or black ink.

Last 4 digits of SSN	Last Name	First Name	M I
Birth Date / /	Daytime Telephone ()	Mobile Telephone ()	Personal E-Mail:

You recently completed your beneficiary designation(s) for the FRS Investment Plan and indicated you are married but did not designate your spouse as one of your primary beneficiaries.

Section 121.4501(20), F.S., provides that your spouse must sign an acknowledgement of the designation. Additionally, Section 112.363(3)(e)2., F.S., provides that only a spouse who is named as a primary beneficiary is eligible to receive the Health Insurance Subsidy (HIS) under the Investment Plan.

Please have your spouse sign the following acknowledgement:

By signing below, I hereby acknowledge that, as the spouse of the Member named above, I am aware that my spouse designated someone other than me as a Primary Beneficiary of any death benefits provided by the FRS Investment Plan.

Signature of Spouse

Date

Keep a copy of this form for your records. Then, fax or mail this original form (not a copy) to:

Mail:
FRS Investment Plan Administrator
PO Box 785 027
Orlando, FL 32878-5027

Fax:
1-888-310-5559 (When faxing your information, do not include a cover sheet)

MyFRS.com
myfrs.com

FRS Investment Plan Administrator
1-866 446-9377, Option 4 (TRS 711)
Between 9 a.m. and 8 p.m., Eastern time,
Monday through Friday