

**Florida Retirement System Pension Plan
Beneficiary Designation Form
(Retired Members Only)**

FST-12
Rev 12/02
Survivor Benefits



PO Box 9000
Tallahassee FL 32315-9000
(850) 488-5207
Toll Free: (877) 377-4347

Member Name _____ Member SSN _____

Please list your beneficiaries below. Return the original of the form to us and keep a copy for your records. **If this form does not meet your individual needs, call the Division of Retirement.**

When you retire, benefits due for the month of your death will be paid to your estate. Any benefits due after the month of death are payable to the designated beneficiary on file in our office.

1. Primary Beneficiary(s) Indicate percentages if naming more than one primary beneficiary.

	Beneficiary	SSN	Relationship	Birthdate	Sex	%
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____

2. Contingent Beneficiary(s) Indicate percentages if naming more than one contingent beneficiary.

	Beneficiary	SSN	Relationship	Birthdate	Sex	%
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____

3. For FRS Option 2 Retirees Only: If you wish to name joint beneficiaries and a contingent beneficiary for a particular primary beneficiary, use this block. (Please do not complete blocks 1 & 2 if you are completing this block.)

_____	Primary Beneficiary	_____	Date of Birth	_____	%	_____	Primary Beneficiary	_____	Date of Birth	_____	%
_____	Primary Beneficiary SSN	_____	Relationship	_____	_____	_____	Primary Beneficiary SSN	_____	Relationship	_____	_____
_____	Contingent Beneficiary	_____	Date of Birth	_____	%	_____	Contingent Beneficiary	_____	Date of Birth	_____	%
_____	Contingent Beneficiary SSN	_____	Relationship	_____	_____	_____	Contingent Beneficiary SSN	_____	Relationship	_____	_____

This form must be signed and acknowledged before a notary public.

Member Signature (sign in the presence of a Notary) _____

Notary:

State of _____, County of _____ The above named person who has sworn to
and subscribed before me this _____ day of _____ 20 _____ and who is personally
known _____ or produced _____ identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public