

**Florida Retirement System**  
**Application of Investment Plan Beneficiary for**  
**In-Line-of-Duty Death Benefits**



PO BOX 9000 Tallahassee, FL 32315-9000  
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name	_____	Member SSN	_____
Member Date of Death	_____	Member Date of Birth	_____
Applicant Name	_____	Applicant SSN	_____
Relationship to Member	_____	Applicant Date of Birth	_____
Applicant Address	_____	Applicant Phone	_____
	_____	Applicant Email	_____

If you are the spouse, please list the name(s) and date(s) of birth of all surviving children of the member, if applicable.

<u>Child Name</u>	<u>Date of Birth</u>	<u>Child Name</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

The following individual may be contacted, if necessary, in the event of my death. I understand this is not a beneficiary designation for payment of benefits.

Contact Name	_____	Relationship	_____
Contact Address	_____	Phone	_____
	_____	E-Mail	_____

I am applying for monthly retirement benefits. I understand that in order to receive in-line-of-duty death benefits, all monies accumulated in the member's Investment Plan account, including the balance of monies that may have been transferred to an account in my name or child(ren) over which I have authorization as guardian, must be transferred to the survivor benefit account of the Florida Retirement System (FRS) Trust Fund before monthly benefits can begin. I authorize the Investment Plan Administrator to transfer any funds that were transferred to an account in my name or child(ren) over which I have authorization as guardian to be transferred to the survivor benefit account in the FRS Trust Fund. I understand the monthly benefit payment may be reduced if I have received any payments from the Investment Plan as a beneficiary of the member.

**Applicant 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 has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public