



FRS INVESTMENT PLAN BENEFICIARY DESIGNATION

Investment Plan



Please PRINT clearly, using blue or black ink.

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.** Enter all required information for each beneficiary. If you need to add more than 3 primary or contingent beneficiaries, make a copy of this page and attach it to this form. You may change your beneficiary at any time by logging in MyFRS.com or by completing a new 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.

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.)

Name of Primary Beneficiary	Date of Birth (MM/DD/YYYY)	Relationship	Gender (M/F)	Last 4 digits of SSN	Percent Payable
_____	___/___/___	_____	_____	_____	_____ %
_____	___/___/___	_____	_____	_____	_____ %
_____	___/___/___	_____	_____	_____	_____ %
					Total = 100 %

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

Name of Contingent Beneficiary	Date of Birth (MM/DD/YYYY)	Relationship	Gender (M/F)	Last 4 digits of SSN	Percent Payable
_____	___/___/___	_____	_____	_____	_____ %
_____	___/___/___	_____	_____	_____	_____ %
_____	___/___/___	_____	_____	_____	_____ %
					Total = 100 %

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.