

FST-12
Effective 07/16
Survivor Benefits

Florida Retirement System Pension Plan
Retired Member and DROP Participant Beneficiary Designation Form
PO Box 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 Fax: 850-410-2010

This form is for retired members, including Deferred Retirement Option Program (DROP) participants, who wish to designate or change their beneficiaries. Benefits due for the month of your death will be paid to your estate. Benefits due (if applicable) after the month of death are payable to the designated beneficiary on file with the division.

Return the notarized form to the Division of Retirement at the above address and keep a copy for your records. Any questions on designating beneficiaries should be directed to the Division of Retirement. **Please keep your beneficiary designation current at all times.**

This form can be obtained under [Forms](#) on the Retirees tab on our website, www.FRS.MyFlorida.com, or by contacting the Division of Retirement.



Member Name: _____ Member SSN: _____

Please list (type or print) your beneficiaries' information below. To designate more than two primary or contingent beneficiaries, use additional copies of this form as needed. If additional forms are required, the total percentage between all forms must equal 100 percent. Write the sequence of multiple pages at the top of each form. For example: Page 1 of 2.

1. Primary Beneficiary(s) - Indicate percentages if naming more than one primary beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries, any remaining benefits are paid to the contingent beneficiary(s).

A. _____ %

| Name of Primary | Birthdate | Gender | Relationship | Percentage |
|-----------------|-----------|--------|--------------|------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

SSN of Primary _____ Primary Address _____ Primary Phone _____

B. _____ %

| Name of Primary | Birthdate | Gender | Relationship | Percentage |
|-----------------|-----------|--------|--------------|------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

SSN of Primary _____ Primary Address _____ Primary Phone _____

2. Contingent Beneficiary(s) - Indicate percentages if naming more than one contingent beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries and contingent beneficiaries, any remaining benefits are paid to the last beneficiary's estate.

A. _____ %

| Name of Contingent | Birthdate | Gender | Relationship | Percentage |
|--------------------|-----------|--------|--------------|------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

SSN of Contingent _____ Contingent Address _____ Contingent Phone _____

B. _____ %

| Name of Contingent | Birthdate | Gender | Relationship | Percentage |
|--------------------|-----------|--------|--------------|------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

SSN of Contingent _____ Contingent Address _____ Contingent Phone _____

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
Rule 60S-4.011, F.A.C.
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Print, Type or Stamp Commissioned Name of Notary Public