FRS Investment Plan

BENEFICIARY DESIGNATION FORM
FRS INVESTMENT PLAN

Social Security Number	Last Name	First Name	M I

Birth Date	Work Telephone	Home Telephone	EMAIL:

You may designate one or more individuals as your beneficiary to receive your assets, if any, in the FRS Investment Plan when you die. You may name any person, organization or trust, or your estate, as your beneficiary. **Contingent beneficiaries are optional — they will inherit your FRS Investment Plan Account if all primary beneficiaries are deceased.** Please enter all required information for each beneficiary. If you need to add more than 3 primary or contingent beneficiaries, please make a copy of this page and attach it to this form. You may change your beneficiary at any time by completing a new Beneficiary Designation form. NOTE: If you are participating in the Investment Plan 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. You reserve the right to change this designation with the understanding that this designation, and any change thereof, will be effective only upon receipt by the FRS Investment Plan Administrator, CitiStreet.

Marital Status: Check One Box

☐ **Single**

☐ **Married** **Spouse Name:** _____ **SSN:** _____

Address: _____

A. Primary Beneficiaries (NOTE: All primary beneficiary percentages must be in whole percents and must total 100%.)

Name of Primary Beneficiary	Relationship	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	Relationship	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 that if I am married and have named someone other than my spouse as my primary beneficiary, my spouse needs to acknowledge this designation by signing below.

_____ _____

Signature of Participant **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
P.O. Box 56290
Jacksonville, FL 322416290

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