

**Florida Retirement System Pension Plan
Beneficiary Designation Form for the
Alternate Payee of a DROP Participant**



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

Member Name: _____

Member SSN: _____

Alternate Payee Name: _____

Alt. Payee SSN: _____

As the Alternate Payee of an approved Qualified Domestic Relations Order (QDRO), I name the beneficiary(s) listed below to receive the benefits accrued to me in the member's Deferred Retirement Option Program (DROP) accrual account should I predecease the member before the member terminates his or her employment and takes receipt of the funds accrued in the member's DROP account. **I understand that my DROP accrual will stop at the end of the month of my death, and payment of my DROP accrual will be made to my beneficiary with interest when the member terminates employment and takes receipt of the funds in his or her DROP account.**

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

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. _____	_____	_____	_____	_____	_____

Alternate Payee 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