BEN-001 Rev 09/13 Survivor Benefits

Florida Retirement System Pension Plan Active Member Beneficiary Designation Form



PO Box 9000 Tallahassee, FL 32315-9000 Local Phone: 850-488-5207 Toll Free: 877-377-4347 Fax: 850-410-2197

Member Name:	Member	SSN:		
Mailing Address:	D	aytime Phone Nu	mber: (<u>)</u>
his form is for currently employed eneficiaries.	d members or terminated members (not r	retired) who wish t	to designate	or change their
esignated beneficiary does not quali eath. A joint annuitant is your spou isabled and incapable of self-suppor uardian, provided such parent, grand be claimed as a dependent on you	who qualifies as a joint annuitant will be eligify as a joint annuitant, a refund of any contribe; your natural or legally adopted child whomatic (regardless of age); or your parent, grandparent, or person received one-half or more tederal income tax return. Your current sunless a new Form BEN-001 is complete	Tibutions you made to is either under ago carent, or a person to of his or her finan pouse is the prima	to the system e 25 or is phy for whom you ncial support ary beneficia	n will be paid at your ysically or mentally u are the legal from you or is eligible ary regardless of
	PROGRAM (DROP) PARTICIPANTS: Plen of Retirement, Survivor Benefits Section of			
	nay name as your beneficiary any person o y benefit if you die prior to your actual retire	-		
bove address and keep a copy for y	print) your beneficiaries' information below. our records. Any questions on designating n. Please keep your beneficiary designati	beneficiaries should	d be directed	
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	e percentages if naming more than one prin mary beneficiaries, any remaining benefits			iciary(s).
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percent. After the death of all pri	mary beneficiaries, any remaining benefits	are paid to the cont	ingent benefi Sex	Percentages
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Date