

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

Alternate Payee Name: _____ Alternate Payee SSN: _____

Mailing Address: _____ Daytime Phone Number: (____) _____

This form is for the alternate payee of an approved Qualified Domestic Relations Order (QDRO). As the alternate payee of an approved QDRO, I name the beneficiaries 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.**

Please list (type or print) your beneficiaries' information below. Return the notarized form to the Division of Retirement at the above address and keep a copy for your records. Call the division if this form does not meet your individual needs.

1. **Primary Beneficiary(s)** - Indicate percentages if naming more than one primary beneficiary. Percentages for primary beneficiaries must total 100 percent. If all primary beneficiaries predecease the alternate payee, the DROP accrual will be paid to the contingent beneficiary(s).

	Beneficiary	SSN	Relationship	Birthdate	Sex	Percentages
A.	_____	_____	_____	_____	_____	_____ %
B.	_____	_____	_____	_____	_____	_____ %
C.	_____	_____	_____	_____	_____	_____ %

2. **Contingent Beneficiary(s)** - Indicate percentages if naming more than one contingent beneficiary. Percentages for contingent beneficiaries must total 100 percent. If all primary and contingent beneficiaries predecease the alternate payee, the DROP accrual will be paid to the alternate payee's estate.

	Beneficiary	SSN	Relationship	Birthdate	Sex	Percentages
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