

**Florida Retirement System Pension Plan  
 Application of Beneficiary for Benefit Payment**



PO BOX 9000 Tallahassee, FL 32315-9000  
 Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

**MEMBER NAME:** \_\_\_\_\_ **MEMBER SSN:** \_\_\_\_\_

**BENEFICIARY INFORMATION**

Beneficiary's Name	Beneficiary's SSN	Mailing Address
Beneficiary's Birth Date	Home Telephone Number	Mailing Address
Relationship to Member	Work Telephone Number	City, State, and Zip Code

**SELECTED PAYOUT METHOD**

Your payout election may have a TAX impact upon you. Please read the enclosed Special Tax Notice and consult a tax professional for additional guidance. If you are a surviving spouse or alternate payee of the deceased member, you are entitled to roll over the taxable amount into a traditional IRA or another eligible employer plan. Other beneficiaries are entitled to roll over the taxable amount into an inherited IRA. If either you or the member is subject to the Required Minimum Distribution (RMD) or if the member made 'after-tax' contributions, those amounts will be paid directly to you as a required lump sum payment.

<input type="checkbox"/> A <b>lump sum</b> election means the FRS will mail the payment directly to you at the address above, minus the required federal withholding taxes.  *Tax Calculation: \$ _____ (20% non-RMD amount) \$ _____ (10% RMD amounts)	Gross Balance: \$ _____ RMD \$ _____ After-Tax Contributions: \$ _____ *Net Lump Sum Payment: \$ _____
<input type="checkbox"/> A <b>direct rollover</b> election means the FRS will mail the eligible rollover portion of your balance directly to your selected plan and the lump sum balance will be mailed directly to you at the address above. The receiving financial institution's representative/custodian must complete the rollover section below. If you choose to roll over into a ROTH account, the taxation will default to 0% unless you make a federal tax withholding selection here: _____ 10% _____ 20%	Required Gross Lump Sum Payment (RMD and After-tax contributions): \$ _____ Eligible <b>Gross Rollover</b> : \$ _____
<input type="checkbox"/> A <b>Partial lump sum</b> : Please add the <b>additional</b> lump amount I noted to my required gross lump sum payment and reduce the rollover accordingly. I understand that the additional lump sum amount will be taxed.	<b>Additional Lump Sum Amount</b> \$ _____

**By signing this form, I attest to having read the Special Tax Notice and authorize the FRS to release payments accordingly.**

**BENEFICIARY'S 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 is personally known \_\_\_\_\_ or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Signature of Notary Public \_\_\_\_\_  
 Print, Type or Stamp Commissioned Name of Notary Public

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**MEMBER NAME:** \_\_\_\_\_ **MEMBER SSN:** \_\_\_\_\_

**PAYEE NAME:** \_\_\_\_\_ **PAYEE SSN:** \_\_\_\_\_

**Gross Rollover to this custodian:** \$ \_\_\_\_\_

**This Section is for ROLLOVERS, and must be filled out by a REPRESENTATIVE of the ELIGIBLE PLAN or IRA**

Please select the type of account the rollover is being deposited in (as defined in s. 402(c)(8)(B) of the Internal Revenue Code) and provide the address to where the check should be mailed. **Incomplete forms will be returned to the member and will delay the payment process.**

I. If the beneficiary is a **spouse or alternate payee**, complete this section.

**Individual Retirement Account/Annuity (IRA)** as described in s. 408(a) and 408(b), Internal Revenue Code

**Traditional**  **Non-designated ROTH** (excluding designated) - taxation will default to 0% unless an election was made above.

**Qualified Plan** A stock bonus, pension, or profit sharing plan of an employer as described in s. 401(a), 401(k), Internal Revenue Code

**Deferred Compensation Plan** as described in s. 457(b), Internal Revenue Code

**An Annuity** as described in s. 403(a) or 403(b), Internal Revenue Code

II. If the beneficiary is **not a spouse or alternate payee**, complete this section.

**Traditional Inherited IRA**  **Roth Inherited IRA** IRA Owner \_\_\_\_\_ IRA Owner SSN \_\_\_\_\_

Payable To: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Financial Institution

Mail Payment to Address \_\_\_\_\_ Representative: \_\_\_\_\_  
\_\_\_\_\_ Print Name

\_\_\_\_\_ Representative: \_\_\_\_\_  
\_\_\_\_\_ Signature \_\_\_\_\_ Date