## Investment Plan

## FRS INVESTMENT PLAN BENEFICIARY DESIGNATION



Please PRINT clearly, using blue or black ink.

Social Security Number	Last Name	Name		First Name	
1 1					
	Work Telephone	Home Tele	phone	E-Mail:	
1 1	( )	( )			
ou may designate one or more yent of your death. You may death they will inherit your FR formation for each beneficiary tach it to this form. You may eneficiary Designation form. It westment Plan will not affect yeat only a spouse who is name ander the Investment Plan. You hange thereof, will be effective arital Status: Check One Bo	esignate any person, or S Investment Plan A.  If you need to add more your beneficity NOTE: If you are particular your selected beneficiary ed as the primary designate only upon receipt by the	ganization or trust, or yo ccount if all primary re than 3 primary or con- ary at any time by log- ipating in the FRS Hyb y in the Pension Plan. A nated beneficiary is eligange this designation wi	bur estate. Cor beneficiaries tingent benefici aging on to My orid Option, you additionally, Sec ible to receive th the understa Administrator.	ntingent benefic are deceased. daries, make a co FRS.com or by ur beneficiary na ction 112.363(3)( the Health Insura	iaries are ope Enter all recopy of this pag completing a amed below for e)2., F.S., pro ance Subsidy esignation, an
Single			001	, ,	
_					
Address:					
. Primary Beneficiaries (NOT	E: All primary beneficia	ary percentages must b	e in whole perc	ents and must to	otal 100%.)
Name of Primary Beneficiary	Date of Birth (MM/DD/YYYY)	Relationship	SSN		ercent ayable
		<del></del>		/	%
				/	%
	1 1		1	1	%
				Total = '	100 %
. Contingent Beneficiaries (N	NOTE: All contingent be	eneficiary percentages r	nust be in who		
Name of Contingent Beneficia	_	Relationship	SSN	P	ercent Payable
	1 1		1	_	<b>%</b>
				/	
				/	%
understand that the execution esignations I may have made.	on of this form and red	ceipt thereof by the In	vestment Plan	<b>Total = 7</b> Administrator v	
understand that if I am married ign this designation in the box		cone other than my spou	use as my prima	ary beneficiary, n	ny spouse ne
		<u>_</u>			
signature of Member		Date			

Mail your completed form to: FRS Investment Plan Administrator, PO Box 785027, Orlando, FL 32878-5027 OR Fax your completed form to: 1-888-310-5559 Attention FRS Investment Plan Administrator. DO NOT MAIL HARD COPY OF THE FORM IF FAXING.

IF YOU HAVE NAMED SOMEONE OTHER THAN YOUR SPOUSE AS YOUR PRIMARY BENEFICIARY, YOUR SPOUSE IS

Date

Signature of Spouse

Employing Agency Name: \_\_\_

**REQUIRED TO SIGN BELOW:**