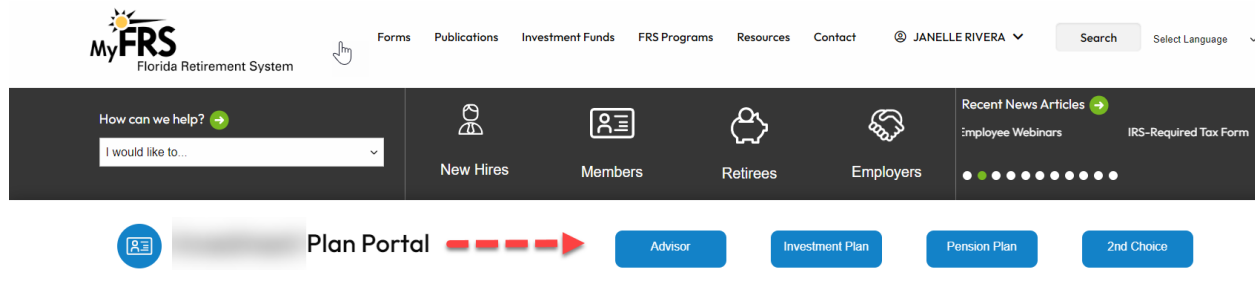


Log into FRS: <https://frs.fl.gov/login.aspx>

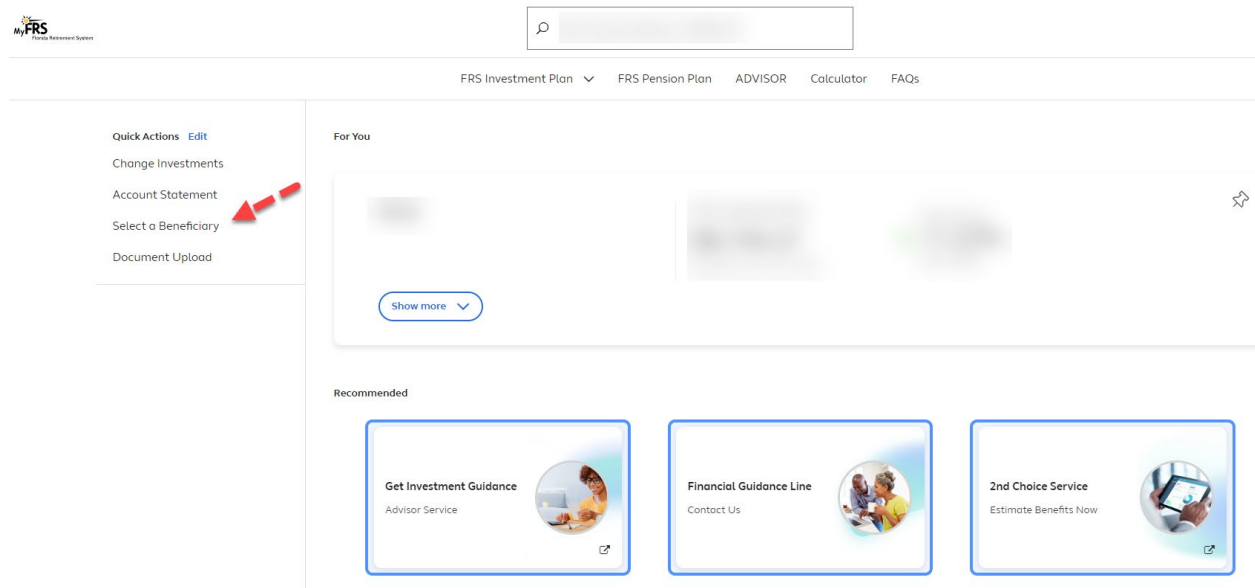
You can update your beneficiary via the FRS online portal, or you can update your beneficiary via an online FORM at: [https://www.myfrs.com/Resources\\_Forms.htm](https://www.myfrs.com/Resources_Forms.htm)

**1. To update your Beneficiary via the online portal:**

Next to the Pension or Investment Plan Portal click on the type of account you are enrolled in: Investment Plan, Pension Plan, or 2<sup>nd</sup> Choice



Under Quick Actions, choose: Select a Beneficiary



Select Add Beneficiary if you have no Beneficiary currently assigned or Choose a Beneficiary

# Beneficiary Summary

FRS 

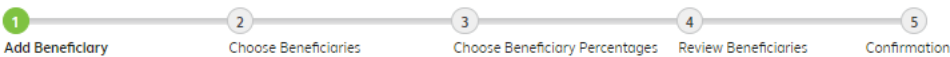
Plan

Primary	Birth Date	Benefit %

Add Beneficiary

Choose Beneficiary

Add Beneficiary Information and click Continue to save your updates.



## Add Beneficiary Information

Complete the fields below to add a beneficiary to your plan.

All fields are required, unless they are noted as optional.

Social Security Number

SSN (xxx-xx-xxxx)

Show

Re-enter SSN (xxx-xx-xxxx)

Show

Name

First Name

Middle Initial (Optional)

Last Name

Suffix (Sr., Jr., etc.) (Optional)

Other Information

Birth Date

2024

Gender

Female

Male

Relationship

Choose One

Address

☒ Is address same as yours?

Continue

Add Another

Cancel

2. **Updating your Beneficiary via the online Form** [https://www.myfrs.com/Resources\\_Forms.htm](https://www.myfrs.com/Resources_Forms.htm)

Under the forms page select: Beneficiary

# Forms

- Enrollment
- Retirement
- Disability
- Employers
- Beneficiary
- DROP
- Rollover
- Miscellaneous
- Special Risk
- Health Insurance Subsidy
- Creditable Service
- SMSOAP/SUSORP
- Survivor Benefit
- QDROs

Pension Members will need to complete and fax a copy of the form to FRS. Investment Plan members can update and submit their form online.

- a) **Pension Plan Members** will complete the FRS Active Member Beneficiary Designation Form and fax a copy to 1-844-377-1888

BEN-001  
Effective 07/16  
Calculations

**Florida Retirement System Pension Plan**  
**Active Member Beneficiary Designation Form**  
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:

Mailing Address:  Daytime Phone Number: (  )

**INSTRUCTIONS:** Please list (type or print) your beneficiaries' information below. Return the form to the Division of Retirement at the above address and keep a copy for your records. To designate more than two primary or contingent beneficiaries, use additional copies of this form as needed. If additional forms are required, the total percentage between all forms must equal 100 percent. Write the sequence of multiple pages at the top of each form. For example: Page 1 of 2. Any questions on designating beneficiaries should be directed to the Division of Retirement. **Please keep your beneficiary designation current at all times.**

**1. Primary Beneficiary(s)** - Indicate percentages if naming more than one primary beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries, any remaining benefits are paid to the contingent beneficiary(s).

A.      %  
Name of Primary Birthdate Gender Relationship Percentage

Primary Address Primary Phone

B.      %  
Name of Primary Birthdate Gender Relationship Percentage

Primary Address Primary Phone

**2. Contingent Beneficiary(s)** - Indicate percentages if naming more than one contingent beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries and contingent beneficiaries, any remaining benefits are paid to the last beneficiary's estate.

A.      %  
Name of Contingent Birthdate Gender Relationship Percentage

Contingent Address Contingent Phone

B.      %  
Name of Contingent Birthdate Gender Relationship Percentage

Contingent Address Contingent Phone

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Rule 605-4.011, F.A.C.  
Page 1 of 1

b) **Investment Plan Members** will complete the online form and submit the information directly into the FRS online portal.



FRS INVESTMENT PLAN BENEFICIARY DESIGNATION FORM

Please complete all fields, review the information on page 2, then click "Submit." Items marked with an asterisk (\*) are required fields.

LAST NAME*	FIRST NAME*	MIDDLE INITIAL
<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*		DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>		<input type="text"/>

You may designate one or more individuals as your beneficiary to receive your assets, if any, in the FRS Investment Plan in the event of your death. You may designate any person, organization or trust, or your estate. **Contingent beneficiaries are optional and must be different than your primary beneficiaries — they will inherit your FRS Investment Plan Account if all primary beneficiaries are deceased.** Enter all required information for each beneficiary. If you need to add more than 5 primary or contingent beneficiaries, you will need to complete the [hard copy](#) Beneficiary Designation form, make a copy of page 1, and attach it to the form prior to mailing or faxing it to the FRS Investment Plan Administrator. You may also change your beneficiary at any time by logging in MyFRS.com or by completing and submitting the hard copy [Beneficiary Designation form](#). **NOTE:** If you are participating in the FRS Hybrid Option, your beneficiary named below for the Investment Plan will not affect your selected beneficiary in the Pension Plan. Additionally, Section 112.363(3)(e)2., F.S., provides that only a spouse who is named as the primary designated beneficiary is eligible to receive the Health Insurance Subsidy (HIS) under the Investment Plan.

CHECK ONE BOX: *	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE
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**A. Primary Beneficiaries (NOTE: All primary beneficiary percentages must be in whole percents and must total 100%. The percentage payable to a beneficiary who dies before you will be paid equally among the surviving primary beneficiaries.)**

First Name	Last Name	Date of Birth (MM/DD/YYYY)	Relationship	Gender (M/F)	Percent Payable	Delete	Add
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select a Relationship ▼	<input type="text"/>	<input type="text"/>	Delete	+

**B. Contingent Beneficiaries (NOTE: All contingent beneficiary percentages must be in whole percents and must total 100%.)**

First Name	Last Name	Date of Birth (MM/DD/YYYY)	Relationship	Gender (M/F)	Percent Payable	Delete	Add
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select a Relationship ▼	<input type="text"/>	<input type="text"/>	Delete	+

I understand that the execution of this form and receipt thereof by the Investment Plan Administrator will revoke all prior designations I may have made.

I understand that the execution of this form and receipt thereof by the Investment Plan Administrator will revoke all prior designations I may have made.

I understand I have the right to change this designation at any time and it will be effective only upon receipt by the Investment Plan Administrator. I understand that if I am married and have named someone other than my spouse as my primary beneficiary, my spouse must sign the Acknowledgement of Beneficiary Designation and it must be returned to the Investment Plan Administrator.

Signature of the Member	DATE
<input type="text"/>	2/12/2024

TO SUBMIT YOUR ELECTION, REVIEW THE INFORMATION ON PAGE 2 AND THEN AT THE BOTTOM OF THE PAGE COMPLETE THE "CAPTCHA" THEN CLICK "SUBMIT".

**Questions?**

MyFRS Financial Guidance Line  
1-866-446-9377, Option 4 (TRS 711)

Get free, unbiased guidance from experienced financial planners about the plans or the election process.

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Page 1

**Review the Following Important Information Carefully**

- Confirmation Statement** —You will receive a confirmation statement once your Beneficiary Designation Form has been processed. The confirmation statement will be mailed to your address on file as supplied by your employer or delivered electronically through the MyFRS.com website. Allow 1 to 2 weeks to receive it. Notify your employer of any address changes.
- Rights and Responsibilities** —A description of your rights and responsibilities under the Investment Plan is in the Summary Plan Description, the Florida Statutes, and the Administrative Rules and can be obtained by calling the MyFRS Financial Guidance Line, Option 2, or by visiting MyFRS.com.
- Electronic Signature** —You agree that this beneficiary form may be electronically signed and that your electronic signature is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility. If you prefer, you may print out a [hard copy of this form](#) and submit it.
- Spousal Acknowledgement** —If you are married and designate a primary beneficiary other than your spouse, per Florida law, your spouse must sign and submit the Acknowledgement of Beneficiary Designation to acknowledge that they are not the primary beneficiary of your Investment Plan account(s) (Section 121.450(1)(2), F.S.). If the signed form is not submitted, the beneficiary designation you have on file with the Investment Plan Administrator at the time of your death will be honored only if your spouse's beneficiary rights are not compromised under Florida law. Only a spouse who is named as a primary beneficiary is eligible to receive the Health Insurance Subsidy (HIS) under the Investment Plan (Section 112.363(3)(e)2, F.S.).

<input type="checkbox"/> I'm not a robot	
--	--

Submit

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