



FRS INVESTMENT PLAN
BENEFICIARY DESIGNATION FORM

Investment Plan

Form with fields: Last 4 digits of SSN, Last Name, First Name, M I, Birth Date, Daytime Telephone, Mobile Telephone, Personal E-Mail.

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.

Marital Status: Check One Box

Single

Married Spouse Name: Last 4 digits of SSN: Address:

Beneficiary percentages below must be in whole percent and must total 100%. If the total does not equal 100%, the designation will not be processed.

Primary Beneficiaries

Table with 6 columns: Name of Primary Beneficiary, Date of Birth, Relationship, Gender, Last 4 SSN, Percent Payable. Includes rows 1, 2, 3 and a Total = 100% row.

Contingent Beneficiaries

Table with 6 columns: Name of Contingent Beneficiary, Date of Birth, Relationship, Gender, Last 4 SSN, Percent Payable. Includes rows 1, 2, 3 and a Total = 100% row.

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.

Signature of Member

Date

Spousal Acknowledgement: By signing below, I hereby acknowledge that, as the spouse of the Member named above, I am aware that my spouse designated someone other than me as a Primary Beneficiary of any death benefits provided by the FRS Investment Plan.

Signature of Spouse

Date

*If your spouse cannot be located or refuses to sign, reach out to the FRS Investment Plan Administrator immediately at 1-866-446-9377, Option 4.

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.