

Beneficiary Designation Form

Association Name: Florida Association of State Troopers		
Member's Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	
Address:		
City:	State:	Zip Code:

Designate Your Beneficiary: (May Use back for additional Beneficiaries information)

Beneficiary Full Name:	
Relationship to Member:	
Social Security #: (Required by Insurance Company)	Date of Birth:
Address:	

Member's Signature

Date

*****This page must be signed and dated by the member to be valid.***

Beneficiary Designation Examples:

1. One beneficiary only: Mary J. Smith, wife.
2. Primary and contingent beneficiary: Mary J. Smith, wife, if living; otherwise the children born of the marriage of the insured to Mary J. Smith equally, or equally to the survivor(s).
3. Two or more beneficiaries, equal amounts: William S. Smith, father
Alice C. Smith, sister and
Richard B. Smith, brother equally or to the survivor(s).
4. Unequal amounts: 50% to Mary J. Smith, wife, 25% each to Alice C. Smith, sister, and Richard B. Smith, brother, paid in equal shares to the survivor(s).