FRS-110 Rev 1/10 Calculations

Florida Retirement System Pension Plan Option Selection for FRS Members



P O BOX 9000 TALLAHASSEE FL 32315-9000 (850) 488-6491 Toll Free (888) 738-2252

| wember name | | | ivien | iber SSN | | |
|--|---|--|--|---|--|--|
| A member must sel | ect one of the follo | wing retirement op | tions prior to rec | eipt of their first monthly retiremer | nt benefit. | |
| I select: | | | | | | |
| | beneficiary will rec | eive only a refund | of any contribution | eath the monthly benefit will stop a ons I have paid which are in excess not provide a continuing benefit to | s of the | |
| | retirement date, m | y designated benef | iciary will receiv | die within a period of ten years at e a monthly benefit in the same at lo further benefits are then payabl | mount as I | |
| | receive a lifetime ne benefit paid to a jo amount. The beneficapable of self-struther benefits are | nonthly benefit pay int annuitant under efit will stop when y upport, in which ca | ment in the sam age 25, who is our joint annuita se the benefit wi my joint annuita | oon my death, my joint annuitant, is a amount as I was receiving. (Except to a second pour spouse, will be your option of the continue for the duration of the continue and I are deceased. | eption: The one one benefit d and | |
| | death of either my two-thirds of the r joint annuitant und benefit will stop wh self-support, in wh | r joint annuitant on monthly benefit receiver age 25, who is not annuited annuited age to be after both my joint annuited after both annuite | r me, the month eived when both not your spouse, tant reaches ago t will continue fo | my joint annuitant and I are living ly benefit payable to the survivor in were living. (Exception: The benefit are living and incapable and incapable and incapable and incapable are deceased. The social security.) | s reduced to efit paid to a nount. The le of further | |
| | | PI FASE CO | MPLETE FO | RM SΔ-1 | | |
| | | I LLAGE CO | | INITION I | | |
| Florida Statutes. I a Disability and Early cashed, deposited | also understand that once my retireme or when my Deferro | at I cannot add ser nt becomes final. I ed Retirement Opti | vice, change op My retirement be on Program(DR0 | eive a retirement benefit under Ch tions or change my type of retiren ecomes final when any benefit pay OP) participation begins. | nent (Regular, vment is | |
| Notary: State of Fl | orida, County of | | The above | named person has sworn to and | | |
| subscribed before r | ne this | _day of | 20 | _and is personally known | or | |
| produced | oducedas identification. | | | | | |
| | | | | | | |

SA-1 REV 1/10 Calculations

Member Name:

Florida Retirement System Pension Plan Spousal Acknowledgment Form



PO BOX 9000 Tallahassee FL 32315-9000 (850) 488-6491 Toll Free (888) 738-2252

Member SSN:

| | CHEC | K ONE OF THE FOLLOWIN | G: | | | | | |
|---|--|---|------------------------|---|---|--|--|--|
| | MARRIED: YES NO IF YES AND YOU SELECTED OPTION YOUR SPOUSE MUST ALSO COMPLE | | | | | OR 2, E BOX 2. | | |
| | Notaria | Notarized Signature of Member: | | Date: | | | | |
| 1 | Notary: State of Florida, County of | | f | The above named person has sworn to and | | person has sworn to and | | |
| | subscr | ibed before me this | _day of | _20 | _and is personally kr | nownor | | |
| | produced | | | as identification. | | | | |
| | Signature of Notary Public - State of Florida | | | Print, Type or Stamp Commissioned Name of Notary Public | | | | |
| | above | SPOUSAL ACKNOWLEDGMENT: I, being the spouse of the above named member, acknowledge that the member has selected either Option 1 or 2. Notarized Signature of Spouse: Date: | | | | | | |
| 2 | Notary | Notary: State of Florida, County of | | | The above named person has sworn to and | | | |
| | subscr | ibed before me this | day of | _20 | _and is personally k | nownor | | |
| | produc | produced | | | as identification. | | | |
| | Signati | Signature of Notary Public - State of Florida | | Print, Type or Stamp Commissioned Name of Notary Public | | | | |
| | The follow | wing is an explanation of a | II four Florida Retire | ement | System Options: | | | |
| (| Option 1: A monthly benefit payable for my lifetime. Upon my death, the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits option does not provide a continuing benefit to my beneficiary. | | | | | | | |
| (| Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, in designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable. | | | | | | | |
| Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if livin monthly benefit payable in the same amount as I was receiving. (Exception: The benefit paid under age 25, who is not your spouse, will be your option one benefit amount. The benefit will annuitant reaches age 25, unless disabled and incapable of self-support, in which case the but the duration of the disability.) No further benefits are payable after both my joint annuitant and | | | | | | benefit paid to a joint annuitant he benefit will stop when your joint ch case the benefit will continue for | | |

An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of either my joint annuitant or me, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living. (Exception: The benefit paid to the joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

Option 4: