

**Florida Retirement System Pension Plan
Statement of Military Eligibility to Purchase
Military Service under the Out-of-State Provisions**



PO Box 9000
Tallahassee FL 32315-9000
850 488-6491 Toll Free 888 738-2252

Complete either statement 1. or statement 2.

Member Name _____ Member SSN _____

1. I certify that the military service for which I request credit under Section 121.1115, Florida Statutes (F.S.), has not and will not be claimed for retirement purposes under any other public pension plan.

This section must be signed in the presence of a notary. Beneficiary signature and beneficiary SSN is needed if member is deceased.

Check One: _____ Member _____ Beneficiary SSN: _____

Signature: _____

Notary: State of Florida, County of _____ The above named person has sworn to and subscribed before me this _____ day of _____ 20____ and is personally known _____ or produced _____ as identification.

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

2. I do not wish to purchase military service as out-of-state service.

Beneficiary signature and beneficiary SSN is needed if member is deceased.

Check One: _____ Member _____ Beneficiary SSN: _____

Signature: _____ **Date:** _____