

**Florida Retirement System Pension Plan
Joint Annuitant Nullification 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 _____

I, _____ wish to remove _____
(print member name) (print joint annuitant name)

as the joint annuitant on my Florida Retirement System account as provided in Section 121.091(6)(d)2., Florida Statutes. I attest that our marriage has been legally dissolved and there exists no Qualified Domestic Relations Order preventing this action. I understand that nullification of the joint annuitant will be effective the first day of the next month following receipt of this form and a copy of the Divorce Decree by the Division of Retirement. This nullification cannot be reversed. Unless I later add a new joint annuitant and accept a recalculation of my benefit, the benefit will cease upon my death.

Member Signature: (sign in the presence of a Notary) _____

Notary:

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

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public