

**Florida Retirement System Pension Plan  
Application of Beneficiary for  
Monthly Retirement Benefits**



PO BOX 9000 Tallahassee, FL 32315-9000  
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member SSN \_\_\_\_\_

Member Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Death \_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant SSN \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Member \_\_\_\_\_ Applicant Birthdate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Phone Home ( \_\_\_\_ ) \_\_\_\_\_ Applicant \_\_\_\_\_

Work ( \_\_\_\_ ) \_\_\_\_\_ Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am applying for benefits from this member's retirement account. The following individual may be contacted, if necessary, in case of my death (this is not a beneficiary designation).**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_

**This form must be signed and acknowledged before a notary public**

Applicant 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 who is personally known \_\_\_\_\_  
or produced \_\_\_\_\_ identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public