FR-11 Effective 12/18 Calculations

## Florida Retirement System Pension Plan Application for Service Retirement

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

All of the following are **required** before your name can be added to the retired payroll.

- 1. Termination of all employment with all employers under the Florida Retirement System (FRS). If you are dually employed with one or more FRS employer(s), you must terminate from all positions.
- A properly completed Application for Service Retirement, Form FR-11. The FR-11 must be signed in the presence of a notary public and approved by your employer. Since your retirement date will be determined by the date we receive the FR-11, you should send the FR-11 to the Division of Retirement even if you do not have the other required documents. The FR-11 will be accepted up to six months before your desired retirement date. Notify the division of any address or telephone number changes that occur after you submit your FR-11.
- 3. A properly completed Option Selection for Members, Form FRS-11o. An explanation of the options is on the attached page titled "What Retirement Option Should You Choose."
- 4. A properly completed Spousal Acknowledgment Form, Form SA-1. You must complete and sign the top portion in the presence of a notary. If you are married and select option 1 or 2, your spouse should complete the bottom portion in the presence of a notary.
- 5. A check payable to the Florida Retirement System for any amount you owe, or a written statement that you do not wish to claim the service. Please put your social security number on the face of the check. You may roll over funds from a qualified plan (IRA, deferred compensation, etc.) to pay the amount due. Form PRO-1, Pretax Direct Rollover, must be received with the payment.
- 6. Proof of your birth date. If you select Option 3 or 4, you must also submit birth date verification for your beneficiary. We will accept legible photocopies of **one** of the following (except for i):
  - a. Copy of a birth certificate
  - b. Delayed birth certificate
  - c. Valid, unexpired U.S. passport
  - d. Census report more than 30 years old
  - e. Life Insurance policy more than 30 years
  - f. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits
  - g. Certificate of Naturalization
  - h. Florida driver's license issued after January 1, 2010 that indicated compliance with the federal REAL ID Act
  - i. In the absence of one of the above, a copy of **two** of the following documents:
    - (1) Birth certificate of child, showing age of parent (limit one)
    - (2) Baptismal certificate more than 30 years old
    - (3) Hospital record of birth
    - (4) School record at time of entering grammar school
- 7. A copy of your marriage certificate if you selected option 3 or 4 and name your spouse as your joint annuintant.
- 8. A final certification of your earnings by your employer for the last four months of your employment. **Your employer is** aware of this requirement.
- 9. A Statement of Military Eligibility will be mailed to you if you claim military service and the form is needed.
- 10. A Beneficiary Designation, Form FST-12, if designating more than one beneficiary; otherwise complete the **Beneficiary Designation** section of Form FR-11.
- 11. Direct Deposit of your benefit is available through the state's Electronic Funds Transfer (EFT) program. An application will be mailed to you after your name has been added to the retired payroll. If you are a state employee, currently on EFT, you will automatically continue on EFT unless you cancel your authorization.

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Member Name			Member SSN		
Position Title			Birth Date		
Home Phone Home Mailing Address			Work Phone Present FRS Employer(s)		
Email Address  My services termina Division of Retireme	ted, or will terminate, on		 You	r retirement date i	s determined by the
retirement benefit. Ir	ation: All previous beneficianthe case of a second care of one primary beneficiary, at Primary	er benefit, this app	olication does not affect	ct your original be	nefit in any way. To
Name	<del></del>		Name	Oonlingen	
			CCN		
Phono			Dhone		
Addross			A ddraaa		
non-Division approv retirement (Regular, final when any bene	les but is not limited to: part red contractual services. I Disability, and Early) or ele fit payment is cashed or dep	also understand oct the Investment posited.	that I cannot add se	rvice, change op	tions, change my type of
_	(sign in the presence of a N				
Notary: State of	, County of		The above name	ed person who ha	s sworn to and subscribed
before me this	day of	20	and is personally know	vn	or has produced
		as ide	ntification.		
Sign	nature of Notary Public		Print, Type or Stan	np Commissioned	Name of Notary Public
Employer Certificat	tion: This is to certify that the	ne above named r	nember was employed	d by this agency a	nd will terminate, or has
terminated on with the last day w			ked on	·	
Authorized Personnel Signature:			Agency	Number:	
Agency Phone:			Date:		