

**Florida Retirement System Pension Plan
Affidavit Attesting to Payee Status**

PO Box 9000
Tallahassee FL 32315-9000
850-907-6500
Toll Free: 844-377-1888

PLEASE PRINT (Except for Signature).

Payee Name: _____ **Payee SSN:** _____

I hereby certify on ____/____/____ that I am entitled to the retirement benefits from the
Month Day Year
above-referenced account.

My complete name is _____

My date of birth is _____

My social security number is _____

My telephone number is __ (____) _____

I reside at _____

My mailing address is _____

This form must be signed and acknowledged before a Notary Public.

Payee 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