

**Florida Retirement System Pension Plan  
Deferred Retirement Option Program (DROP)  
Joint Annuitant Verification**



PO BOX 3090  
Tallahassee, FL 32315-3090  
Local: 850-907-6500 Toll Free: 844-377-1888 Fax: 850-410-2010

MEMBER NAME \_\_\_\_\_ MEMBER SSN \_\_\_\_\_

JOINT ANNUITANT \_\_\_\_\_ JOINT ANNUITANT SSN \_\_\_\_\_

Home Phone #: \_\_\_\_\_

You chose Option 4 at retirement, which is an adjusted monthly benefit payable to you while both you **and** your joint annuitant are living. Upon the death of either you or your joint annuitant, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living. The Division of Retirement must be notified upon the death of either you or your joint annuitant in order to avoid overpayment of benefits.

The purpose of this form is to certify that your joint annuitant is still living. By signing this form below, you are certifying that your joint annuitant, as named above, is still living and you are eligible to receive the full DROP payout and the unreduced continuing monthly benefit.

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

\_\_\_\_\_  
Signature of Notary Public – State of Florida

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

Please return this form to: Division of Retirement at the above referenced address.