

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



PO BOX 9000 Tallahassee, FL 32315-9000
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.