

**Florida Retirement System Pension Plan
Application for Survivor Benefits**



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

Payee Name _____ Payee SSN _____
Birthdate _____ Date of Death _____
Applicant Name _____ Applicant SSN _____ / _____ / _____
Relationship to Member _____ Applicant Birthdate _____ / _____ / _____
Member Name _____
Applicant Home Phone (____) _____ Applicant Mailing Address _____
Work Phone (____) _____

I am applying for benefits from this retirement account. The following individual will be responsible for my affairs at my death:.

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