

Florida Retirement System
APPLICATION FOR INSTITUTE OF FOOD AND AGRICULTURAL SCIENCES
(IFAS)
SUPPLEMENTAL RETIREMENT

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

REQUIREMENTS FOR RETIREMENT

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

1. A properly completed Application for IFAS Supplemental Retirement, Form IF-11. The IF-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 IF-11, you should send the IF-11 to the Division of Retirement even if you do not have the other required documents. The IF-11 will be accepted up to six months before your desired retirement date.
2. A properly completed Form FRS-11o (IFAS), Option Selection. An explanation of the options is on the attached page titled "What Retirement Option Should You Choose."
3. 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 g.):
 - a. Birth Certificate
 - b. Delayed birth certificate
 - c. Census report more than 30 years old
 - d. Life Insurance policy more than 30 years
 - e. Letter from the Social Security Administration stating the date of birth it has established for the payment benefits payment of benefits
 - f. Certificate of Naturalization
 - g. In the absence of one of the above, a document from **two** of the following
 - (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
4. A final certification of your earnings by your employer is required. **Your employer is aware of this requirement.**
5. To designate more than one Primary beneficiary, attach a Beneficiary Designation Form, FST-12; otherwise complete the **Beneficiary Designation** section of Form IF-11.
6. 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.

RETAIN THIS PAGE FOR YOUR RECORDS

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Application for Institute of Food and Agricultural
Sciences (IFAS) Supplemental Retirement



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Member Name _____	Member SSN _____
Position Title _____	Birth Date _____
Home Phone _____	Work Phone _____
Home Mailing Address _____	Present FRS Employer(s) _____
_____	_____
_____	_____

My services terminated, or will terminate, on _____ List your actual termination date not the last day you worked or the effective date of your retirement.

Beneficiary Designation: All previous beneficiary designations are null and void. To designate more than one primary beneficiary, attach a Beneficiary Designation Form, FST-12.

Primary _____	Primary SSN _____
Relationship _____	Primary Birthdate _____
Contingent _____	Contingent SSN _____
Relationship _____	Contingent Birthdate _____

I am applying for the IFAS Supplemental benefit under s. 121.20, Florida Statutes. I understand that I cannot add service, or change options, once my retirement becomes final. My retirement becomes final when any benefit payment is cashed or deposited.

Member Signature: (sign in the presence of a Notary) _____

Notary: State of Florida, County of _____. The above named person who has sworn to and subscribed before me this _____ day of _____, 20____ and is personally known _____ or has produced _____ as identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

Employer Certification: This is to certify that the above named person was employed by this agency and will terminate on _____, with the last day worked on _____. This person held a joint appointment and participated in the Federal Civil Service Retirement System.

Authorized Personnel Signature: _____ Agency Number: _____
Agency Phone: _____ SUNCOM: _____ Date: _____