

Florida Retirement System Pension Plan
Change of Joint Annuitant Form
(Retired members only)

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



It is my desire to redesignate my joint annuitant as indicated below. I will provide a death certificate of my former joint annuitant, if deceased. If my former joint annuitant is still living, I hereby certify that I have informed that individual in writing of this change. I understand that the change of joint annuitant is effective the first of the month following receipt of this form by the Division of Retirement. I understand that my benefit will be recalculated, based on my current age and the age of my new joint annuitant.

Member Name _____ Member SSN _____

Member Address _____

Joint Annuitant Information

Change from current Joint Annuitant:

Name _____
Birthdate ____/____/____ SSN _____
Relationship _____

Change to new Joint Annuitant:

Name _____
Birthdate ____/____/____ SSN _____
Relationship _____

Date of Death (if applicable) _____

This form must be signed and acknowledged before a notary public.

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 is personally known _____ or has produced _____ identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public