

**Florida Retirement System Pension Plan  
Statement of Military Eligibility to Purchase  
Military Service under the Out-of-State Provisions**



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

Complete either statement 1. or statement 2.

Member Name \_\_\_\_\_ Member SSN \_\_\_\_\_

**1. I certify that the military service for which I request credit under Section 121.1115, Florida Statutes (F.S), has not and will not be claimed for retirement purposes under any other public pension plan.**

This section must be signed in the presence of a notary. Beneficiary signature and beneficiary SSN is needed if member is deceased.

**Check One:** \_\_\_\_\_ Member \_\_\_\_\_ Beneficiary SSN: \_\_\_\_\_

**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

**2. I do not wish to purchase military service as out-of-state service.**

Beneficiary signature and beneficiary SSN is needed if member is deceased.

**Check One:** \_\_\_\_\_ Member \_\_\_\_\_ Beneficiary SSN: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_