

**Florida Retirement System
Statement Attesting to Payee Status**

**DMS-OFFICE OF INSPECTOR GENERAL
AUDIT SECTION
DIVISION OF RETIREMENT
POST OFFICE BOX 37279
TALLAHASSEE FLORIDA 32315
Local: 850-907-6500 or Toll Free: 844-377-1888**

Payee Name:
Payee SSN:

Member Name:
Member SSN:

PLEASE PRINT EXCEPT FOR SIGNATURE

I hereby certify on ____/____/____ that I am entitled to the retirement benefits
from the above referenced account.
Month Day Year

My complete name is: _____

My date of birth is: _____

My social security number is: _____

My telephone number is: _____

My email address is: _____

I reside at: _____

My mailing address is: _____

THIS FORM MUST BE SIGNED IN THE PRESENCE OF TWO NON FAMILY MEMBER WITNESSES

Signature: _____

Witness Name (Please Print)

Witness Name (Please Print)

* _____
Witness Signature

* _____
Witness Signature

Address

Address

