

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

**RETIRED PAYROLL SECTION
DIVISION OF RETIREMENT
PO BOX 9000 Tallahassee, FL 32315-9000
Local: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010**

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