

**Florida Retirement System Pension Plan  
Affidavit Attesting to Payee Status**

PO Box 9000  
Tallahassee FL 32315-9000  
(850) 488-5207  
Toll Free: (877) 377-4347

***PLEASE PRINT (Except for Signature).***

**Payee Name:** \_\_\_\_\_ **Payee SSN:** \_\_\_\_\_

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

My complete name is \_\_\_\_\_

My date of birth is \_\_\_\_\_

My social security number is \_\_\_\_\_

My telephone number is \_\_ (\_\_\_\_) \_\_\_\_\_

I reside at \_\_\_\_\_

My mailing address is \_\_\_\_\_

**This form must be signed and acknowledged before a Notary Public.**

Payee 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 who is personally  
known \_\_\_\_\_ or produced \_\_\_\_\_ identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public