

**Florida Retirement System Pension Plan**  
**Application of Beneficiary for Monthly Retirement Benefits**



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

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

Member Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Death \_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Member \_\_\_\_\_ Applicant Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Home (\_\_\_\_) \_\_\_\_\_ Applicant \_\_\_\_\_  
Phone \_\_\_\_\_ Mailing \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I am applying for benefits from this member's retirement account. The following individual may be contacted, if necessary, in case of my death (this is not a beneficiary designation).**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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

Applicant 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