

**Florida Retirement System Investment Plan  
Spousal Acknowledgment Form for Disability Retirement**



PO BOX 9000  
Tallahassee FL 32315-9000  
(850) 488-2968 Toll Free (877) 738-3725

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

**CHECK ONE OF THE FOLLOWING:**

**MARRIED:** \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES AND YOU SELECTED OPTION 1 OR 2,  
YOUR SPOUSE MUST ALSO COMPLETE BOX 2.

**Notarized Signature of Member:** \_\_\_\_\_

1

**Notary:** State of Florida, County of \_\_\_\_\_ The above named person has sworn to and  
subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and is personally known \_\_\_\_\_ or  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public - State of Florida

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

**SPOUSAL ACKNOWLEDGMENT:** I, \_\_\_\_\_ being the spouse of the  
above named member, acknowledge that the member has selected either Option 1 or 2.

**Notarized Signature of Spouse:** \_\_\_\_\_

2

**Notary:** State of Florida, County of \_\_\_\_\_ The above named person has sworn to and  
subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and is personally known \_\_\_\_\_ or  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public - State of Florida

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

**The following is an explanation of all four Florida Retirement System Options:**

- Option 1: A monthly benefit payable for my lifetime. Upon my death, the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits, not including my transferred Investment Plan account balance. This option does not provide a continuing monthly benefit to my beneficiary.
- Option 2: A reduced monthly benefit payable for my lifetime. If I die before receiving 120 monthly payments, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving until the monthly benefit payments to both of us equal 120 monthly payments. No further monthly benefits are then payable.
- Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant if living, will receive a lifetime monthly benefit payment in the same amount as I was receiving. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further monthly benefits are payable after both my joint annuitant and I are deceased.
- Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of either my joint annuitant or me, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.