

SAPS
10/02
Audit Section

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

**DMS-OFFICE OF INSPECTOR GENERAL
AUDIT SECTION
POST OFFICE BOX 37279
TALLAHASSEE FLORIDA 32315**

Payee SSN:
Payee 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: () _____

I reside at: _____

My mailing address is: _____

THIS FORM MUST BE SIGNED IN THE PRESENCE OF TWO WITNESSES

Signature: _____

Witness Name (Please Print)

Witness Name (Please Print)

Witness Signature

Witness Signature

Address

Address