

**Florida Retirement System Pension Plan  
Application for Service Retirement**

PO BOX 9000 Tallahassee, FL 32315-9000  
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

All of the following are **required** before your name can be added to the retired payroll.

1. Termination of all employment with all employers under the Florida Retirement System (FRS). If you are dually employed with one or more FRS employer(s), you must terminate from all positions.
2. A properly completed Application for Service Retirement, Form FR-11. The FR-11 must be signed in the presence of a notary public and approved by your employer. Since your retirement date will be determined by the date we receive the FR-11, you should send the FR-11 to the Division of Retirement even if you do not have the other required documents. The FR-11 will be accepted up to six months before your desired retirement date. Notify the division of any address or telephone number changes that occur after you submit your FR-11.
3. A properly completed Option Selection for Members, Form FRS-11o. An explanation of the options is on the attached page titled "What Retirement Option Should You Choose."
4. A properly completed Spousal Acknowledgment Form, Form SA-1. You must complete and sign the top portion in the presence of a notary. If you are married and select option 1 or 2, your spouse should complete the bottom portion in the presence of a notary.
5. A check payable to the Florida Retirement System for any amount you owe, or a written statement that you do not wish to claim the service. Please put your social security number on the face of the check. You may roll over funds from a qualified plan (IRA, deferred compensation, etc.) to pay the amount due. Form PRO-1, Pretax Direct Rollover, must be received with the payment.
6. Proof of your birth date. If you select Option 3 or 4, you must also submit birth date verification for your beneficiary. We will accept legible photocopies of **one** of the following (except for i):
  - a. Copy of a birth certificate
  - b. Delayed birth certificate
  - c. Valid, unexpired U.S. passport
  - d. Census report more than 30 years old
  - e. Life Insurance policy more than 30 years
  - f. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits
  - g. Certificate of Naturalization
  - h. Florida driver's license issued after January 1, 2010 that indicated compliance with the federal REAL ID Act
  - i. In the absence of one of the above, a copy of two of the following documents:
    - (1) Birth certificate of child, showing age of parent (limit one)
    - (2) Baptismal certificate more than 30 years old
    - (3) Hospital record of birth
    - (4) School record at time of entering grammar school
7. A copy of your marriage certificate if you selected option 3 or 4 and name your spouse as your joint annuitant.
8. A final certification of your earnings by your employer for the last four months of your employment. **Your employer is aware of this requirement.**
9. A Statement of Military Eligibility will be mailed to you if you claim military service and the form is needed.
10. A Beneficiary Designation, Form FST-12, if designating more than one beneficiary; otherwise complete the **Beneficiary Designation** section of Form FR-11.
11. Direct Deposit of your benefit is available through the state's Electronic Funds Transfer (EFT) program. An application will be mailed to you after your name has been added to the retired payroll. If you are a state employee, currently on EFT, you will automatically continue on EFT unless you cancel your authorization.

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Member Name	_____	Member SSN	_____
Position Title	_____	Birth Date	_____
Home Phone	_____	Work Phone	_____
Home Mailing Address	_____	Present FRS Employer(s)	_____
	_____		_____
	_____		_____

My services terminated, or will terminate, on \_\_\_\_\_ . Your retirement date is determined by the Division of Retirement.

**Beneficiary Designation:** All previous beneficiary designations are null and void unless you are applying for a second career retirement benefit. In the case of a second career benefit, this application does not affect your original benefit in any way. To designate more than one primary beneficiary, attach a Beneficiary Designation Form, FST-12.

<u>Primary</u>		<u>Contingent</u>	
Name	_____ Relation _____	Name	_____ Relation _____
SSN	_____ DOB _____	SSN	_____ DOB _____
Phone	_____	Phone	_____
Address	_____	Address	_____

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 121, Florida Statutes. This includes but is not limited to: part-time work, other personal services(OPS), substitute teaching, adjunct professor or non-Division approved contractual services. I also understand that I cannot add service, change options, change my type of retirement (Regular, Disability, and Early) or elect the Investment Plan once my retirement becomes final. My retirement becomes final when any benefit payment is cashed or deposited.

**Member 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 is personally known \_\_\_\_\_ or has produced \_\_\_\_\_ as identification.

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

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

**Employer Certification:** This is to certify that the above named member was employed by this agency and will terminate, or has terminated on \_\_\_\_\_ with the last day worked on \_\_\_\_\_ .

Authorized Personnel Signature: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Date: \_\_\_\_\_