

Teachers' Retirement System
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 TR-11. The TR-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 TR-11, you should send the TR-11 to the Division of Retirement even if you do not have the other required documents. The TR-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 TR-11.
3. A properly completed Option Selection for TRS Members, Form FST-11o. An explanation of the options is on the form.
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. 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 indicates 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 prior to entering DROP. **Your employer is aware of this requirement.**
9. A Beneficiary Designation Form, FST-12 if designating more than one beneficiary; otherwise complete the **Beneficiary Designation** section of Form TR-11.
10. 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 _____
Position Title _____
Home Phone _____
Home Mailing Address _____

Member SSN _____
Birth Date _____
Work Phone _____
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.

Primary

Contingent

Name _____ Relation _____
SSN _____ DOB _____
Phone _____
Address _____

Name _____ Relation _____
SSN _____ DOB _____
Phone _____
Address _____

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 238, Florida Statutes. I also understand that I cannot add service, change options, or change my type of retirement (Regular, Disability, and Early) 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

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 _____.

Authorized Personnel Signature: _____
Agency Phone: _____

Agency Number: _____
Date: _____