

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

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

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

Member Date of Death \_\_\_\_\_ Member Date of Birth \_\_\_\_\_

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

Relationship to Member \_\_\_\_\_ Applicant Date of Birth \_\_\_\_\_

Applicant Address \_\_\_\_\_ Applicant Phone \_\_\_\_\_

\_\_\_\_\_ Applicant E-Mail \_\_\_\_\_

Was member employed with a Florida Retirement System employer when he or she died? \_\_\_\_\_ (Yes/No)

If yes, was member participating in the Special Risk membership class at the time of death? \_\_\_\_\_ (Yes/No)

If you are the spouse, please list the name(s) and date(s) of birth of all surviving children of the member, if applicable.

Child Name                      Date of Birth                      Child Name                      Date of Birth

\_\_\_\_\_  
\_\_\_\_\_

I am applying for monthly benefits from this member's retirement account. The following individual may be contacted, in the event of my death, if necessary. I understand this is not a beneficiary designation for payment of benefits.

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

Contact Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

**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 has produced \_\_\_\_\_ as identification.

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

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