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 annuintant.
- 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 Home Phone Home Mailing Address		Birth Date	
		Work Phone Present FRS Employer(s)	
Email Address My services terminated, or v Division of Retirement.	vill terminate, on	Your retir	ement date is determined by the
retirement benefit. In the cas designate more than one pri	se of a second career benefit, thi mary beneficiary, attach a Benef	s application does not affect you	
Name	Primary Relation	Name	
	Relation DOB		
Dhana	565		DOB
A			
final when any benefit paym Member Signature: (sign ir	the presence of a Notary)		
Notary: State of, C	ounty of	The above named pe	rson who has sworn to and subscribed
before me thisday o		and is personally known	or has produced
Signature o	f Notary Public	Print, Type or Stamp Co	mmissioned Name of Notary Public
	-		his agency and will terminate, or has
terminated on	with the last day	worked on	
Authorized Personnel Signa	ture:	Agency Num	ber:
Agency Phone:			
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