FR-11 Rev. 11/10 Calculations

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. To receive a retirement benefit, you must terminate 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 g):
 - a. Birth Certificate
 - b. Delayed birth certificate
 - c. Census report more than 30 years old
 - d. Life Insurance policy more than 30 years
 - e. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits
 - f. Certificate of Naturalization
 - g. In the absence of one of the above, a document from two of the following
 - (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 final certification of your earnings by your employer for the last four months of your employment. **Your employer is** aware of this requirement.
- 8. A Statement of Military Eligibility will be mailed to you if you claim military service and the form is needed.
- 9. To designate more than one Primary beneficiary, attach a Beneficiary Designation Form, FST-12; otherwise complete the **Beneficiary Designation** section of Form FR-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		Member SSN			
Position Title		Birth Date			
Homo Dhono		Work Phone			
My services terminated, or will ter	minate, on	Your retirer	ment date is determined by the		
retirement benefit. In the case of	vious beneficiary designations are a second career benefit, this appli beneficiary, attach a Beneficiary l	cation does not affect your	original benefit in any way. To		
Primary	Prin	mary SSN			
Relationship		Primary Birthdate			
Contingent	Cor	Contingent SSN			
Relationship	Cor	ntingent Birthdate			
Statutes. This includes but is not non-Division approved contracturetirement (Regular, Disability, ar final when any benefit payment is	limited to: part-time work, other pal services. I also understand that Early) or elect the Investment Fashed or deposited.	ersonal services(OPS), sub nat I cannot add service, o	benefit under Chapter 121, Florida stitute teaching, adjunct professor or change options, change my type of comes final. My retirement becomes		
Member Signature: (sign in the p	• ,				
Notary: State of, County	of	The above named pers	on who has sworn to and subscribed		
before me thisday of	20ar	nd is personally known	or has produced		
	as iden	tification.			
Signature of Nota	ary Public	Print, Type or Stamp Com	nmissioned Name of Notary Public		
Employer Certification: This is t	o certify that the above named me	ember was employed by thi	s agency and will terminate, or has		
terminated on	with the last day worked on				
Authorized Personnel Signature:		Agency Numb	er:		
Agency Phone:		Date:			

FRS-110 Effective 12/15 Calculations

Florida Retirement System Pension Plan Option Selection for FRS Members

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

Member Name	N	lember SSN			
A member must sele	ect one of the following retirement optic	ns prior to receipt of their first monthly retiren	nent benefit.		
l select:					
Option 1:	A monthly benefit payable for my lifetime. Upon my death the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.				
Option 2:	A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.				
Option 3:	a lifetime monthly benefit payment in joint annuitant under age 25, who is no stop when your joint annuitant reaches	my lifetime. Upon my death, my joint annuitathe same amount as I was receiving. (Exception to your spouse, will be your option one benefits age 25, unless disabled and incapable of selen of the disability.) No further benefits are page	on: The benefit paid to a amount. The benefit will if-support, in which case		
	The social security number of my joint annuitant is				
—— Option II.	either my joint annuitant or me, the me) is reduced to two-thirds of the rebenefit paid to a joint annuitant under amount. The benefit will stop when yo self-support, in which case the benefit payable after both my joint annuitant a		on (my joint annuitant or ving. (Exception: The ption one benefit bled and incapable of		
	The social security number of my jo	oint annuitant is			
	COMPLET	E AND RETURN FORM SA-1			
Statutes. I also unde once my retirement Deferred Retirement	erstand that I cannot add service, chan becomes final. My retirement becomes t Option Program (DROP) participation	ployers to receive a retirement benefit under ge options or change my type of retirement (Final when any benefit payment is cashed, debegins.	Regular, Disability or Early		
Member Signature:	(sign in the presence of a Notary)				
Notary: State of Flo	rida, County of	The above named person who has	sworn to and subscribed		
before me this	day of20	and is personally known	or has produced		
		as identification.			
Sig	nature of Notary Public	Print, Type or Stamp Commissioned	Name of Notary Public		

SA-1 Rev. 01/10 Calculations

Florida Retirement System Pension Plan Spousal Acknowledgment Form

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: _______

CHECK ONE OF THE FOLLOWING:						
MARRIED: YES	NO	IO IF YES AND YOU SELECTED OPTION 1 OR 2,				
	YOUR SPOUSE MUST ALSO COMPLETE BOX 2.					
Notarized Signature of Member:						
Notary: State of Florida, County of			. The above named person who has sworn to and			
			and is personally knownor			
produced			as identification.			
Signature of Notary Public - State of	Signature of Notary Public - State of Florida Print, Type or Stamp Commissioned Name of Notary Pu					
SPOUSAL ACKNOWLEDGMENT:	l,		being the spouse of the above named			
member, acknowledge that the member has selected either Option 1 or 2.						
Notarized Signature of Spouse:						
Notary: State of Florida, County of			The above named person who has sworn to and			
subscribed before me this	day of	f20	and is personally knownor			
produced			_as identification.			
Signature of Notary Public - State of Florida			Print, Type or Stamp Commissioned Name of Notary Public			
org. att. or			Time, Type of Stamp Commissioned Name of Notary Labite			

The following is an explanation of all four Florida Retirement System Options:

- Option 1: A monthly benefit payable for my lifetime. Upon my death, the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.
- Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.
- Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if living, will receive a lifetime monthly benefit payable in the same amount as I was receiving. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.
- Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of either my joint annuitant or me, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living. (Exception: The benefit paid to the joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.