Florida Retirement System Pension Plan
Disclaimer of 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 _____

I, _____, the undersigned, hereby disclaim, relinquish, renounce, and waive any claim to
any and all benefits to which I may be entitled under the Florida Retirement System, as a **surviving child** of
_____. It is my intent to fully comply with Rule 60S-4.008(6), Florida Administrative Code, and
Chapter 739, Florida Statutes, and that full force and effect of those provisions of law be given.

Dated at _____(City) _____ County, Florida

this _____day of _____20 _____

(2 Witnesses to signing are required)

_____
Witness

Residing at

_____

_____

_____

_____
Witness

Residing at

_____

_____

_____

Disclaimant: _____

Residing at _____

_____

_____

This form must be signed and acknowledged before a notary public

Disclaimant 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

_____ identification.

_____   _____
Signature of Notary Public   Print, Type or Stamp Commissioned Name of Notary Public

Disclaimer Instructions

Disclaimer signed by a beneficiary:

-After this document has been signed and notarized, it should be sent to
Survivor Benefits Section
Division of Retirement
PO Box 9000
Tallahassee FL 32315-9000

-This Disclaimer becomes irrevocable when received by the Division of Retirement.

-Disclaimers must be received by the Division within 24 months of the event which created the disclaimed interest, usually the member's date of death.

Disclaimer signed by a fiduciary (personal representative, trustee, power of attorney, or guardian):

- A fiduciary must have court approval to disclaim.

- The disclaimer must be filed and recorded in an office of the Clerk of Circuit Court in the State of Florida within 24 months of the event leading to the disclaimer, usually the member's death.

- A copy of the court approval and the recorded disclaimer must be mailed to the Division of Retirement at the above address.

-The disclaimer becomes irrevocable when filed in the Circuit Court.