

Florida Retirement System Pension Plan
Statement Attesting to Payee Status

PO Box 9000, Tallahassee, FL 32315-9000

Local Phone: 850-907-6500

Toll Free: 844-377-1888

FAX: 850-410-2010

Payee Name: _____ **Payee SSN*:** XXX-XX-_____

Payee Demographics:

My telephone number is: _____ **My email address is:** _____

I reside at:

Country: _____

My mailing address is:

Country: _____

Signature and Acceptable Documentation:

Payee Signature: _____ **Date:** _____

To verify your identity, you will need to provide us with one form of primary identification and one secondary document.

Primary Identification Documentation:

Government Issued Driver's License
Government Issued Passport
Government Issued Photo Identification
Permanent Resident Card

Primary Identification Requirements:

The primary identification must contain your first and last name, date of birth, photo, valid expiration date, and identification number.

Primary identification must be government-issued.

Unacceptable primary documents:

Military IDs and temporary documents are not accepted.

Secondary Identification Documentation:

Bank or Financial Institution Statement
Loan or Credit Card Statement
Utility Bill (cable, internet, electricity, phone, etc.)
Medical Bill

Secondary Identification Requirements:

The secondary identification must contain your first and last name, your current address, the company's name, and the last four digits of your identification, account, or customer number.

The statement or bill must be submitted to our office within 60 days of the issue date.

Unacceptable secondary documents:

You must submit an official statement or bill. We do not accept letters, notifications, or other informal communications.

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*** Privacy Statement:**

Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the Division is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under Section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. Section 666. The purpose(s) for the requested information is that social security numbers collected on the form will be used by the Department of Management Services as follows: identification of payee; enforcement of child support or alimony obligations; other deductions permitted by section 121.091, F.S., or otherwise permitted by law. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under § 119.071(4) and (5), F.S.

A copy of this Privacy Statement is provided to you as required by Section 119.071(5)(a)3., F.S.