

Florida Retirement System
Application of Investment Plan Beneficiary for
Special Risk In-Line-of-Duty Death 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 _____

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

The following individual may be contacted, if necessary, in the event of my death. I understand this is not a beneficiary designation for payment of benefits.

Contact Name _____ Relationship _____

Contact Address _____ Phone _____

_____ E-Mail _____

I am applying for monthly retirement benefits. **I understand that in order to receive in-line-of-duty death benefits, all monies accumulated in the member's Investment Plan account must be transferred to the Division of Retirement for deposit in the survivor benefit account of the Florida Retirement System Trust Fund before monthly benefits can begin. I understand the monthly benefit payment may be reduced if I have received any payments from the member's Investment Plan account.**

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