

**Florida Retirement System Pension Plan
Statement of Military Eligibility to Purchase
Military Service under the Out-of-State Provisions**



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

Complete either statement 1. or statement 2.

Member Name _____ Member SSN _____

1. I certify that the military service for which I request credit under Section 121.1115, Florida Statutes (F.S), has not and will not be claimed for retirement purposes under any other public pension plan.

This section must be signed in the presence of a notary. Beneficiary signature and beneficiary SSN is needed if member is deceased.

Check One: _____ Member _____ Beneficiary SSN: _____

Signature: (sign in the presence of a Notary) _____

Notary: State of Florida, County of _____. The above named person who has sworn to and subscribed before me this _____ day of _____ 20 ____ and is personally known _____ or has produced _____ as identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

2. I do not wish to purchase military service as out-of-state service.

Beneficiary signature and beneficiary SSN is needed if member is deceased.

Check One: _____ Member _____ Beneficiary SSN: _____

Signature: _____ **Date:** _____