



**BENEFICIARY AFFIDAVIT**

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

Please print or type the following information:

On this day, personally appeared before me, the undersigned authority, the following named \_\_\_\_\_ who first being duly sworn depose(s) and says(s) that (name of undersigned relative, personal representative, or legal representative) \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (name of deceased employee) and at the time of his/her death was an employee of \_\_\_\_\_, State of Florida. (Name of State Agency)

Affiant(s) further states that he/she, as shown below is either the surviving beneficiary or personal representative or legal representative of the deceased and that the person or persons identified in item 1, 2, 3, 4, 5 or 6 is due any salary, travel expense, or other amounts legally due the deceased by the State of Florida at the time of his/her death, as provided by Section 222.15, Florida Statutes, reproduced below.

**PLEASE COMPLETE THE FOLLOWING OPTIONS:**

1. ( ) Spouse:  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. ( ) Children: **(Note: Each child over the age of 18 must complete and submit a separate affidavit.)**  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ (Attach a copy of valid birth certificate.)

3. ( ) Mother:  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. ( ) Father:  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. ( ) Personal Representative:  
**(Please complete this option only if there is no surviving spouse, child(ren), mother or father.)**  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Taxpayer Identification Number: \_\_\_\_\_

**Attach a copy of the Court Order Appointing Personal Representative**

6. ( ) Legal Representative:  
 (a) Durable Power of Attorney:  
 Name of Principal: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address of Principal: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Agent: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address of Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attach a copy of a valid, effective Durable Power of Attorney for Adult that complies with Chapter 709, Florida Statutes.**

(b) Guardian of Adult:

Name of Guardian: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address of Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Ward: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address of Ward: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attach a copy of a Court Order appointing Guardian of Adult**

**SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME**

by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Signature of Affiant

STATE OF \_\_\_\_\_ AT LARGE Address \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

Personally Known or  Produced Identification; Type of identification produced: \_\_\_\_\_

Section 222.15 (1), Florida Statutes-Wages or unemployment compensation payments due deceased employee may be paid spouse or certain relatives. It is lawful for any employer, in case of the death of an employee, to pay to the wife or husband, and in case there is no wife or husband, then to the child or children, provided the child or children are over the age of 18 years, and in case there is no child or children, then to the father or mother, any wages or traveling expenses that may be due such employee at time of his death.