

BENEFICIARY AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before the undersigned, an Officer Duly Authorized to Take Acknowledgments, personally appeared _____ who, being duly sworn, deposes and says that _____ is informed and
(he/she)
believes that the Comptroller of the State of Florida, did, on the _____ day of _____, _____, issue a warrant on the Treasurer of the State of Florida payable to _____, Social Security Number, _____, for the sum of \$_____, said warrant bearing the Comptroller's Warrant Number _____, having been issued in payment of Reemployment Assistance Benefits, and that the proceeds of same are subject to payment to affiant as the surviving _____, and request that the Department of Economic Opportunity authorize the
(Relationship to Deceased)
State Comptroller to issue a replacement warrant payable to the affiant as provided in Chapter 222.15 of the Florida Statutes in the sum of \$_____ to discharge this obligation; the original warrant has been surrendered to the State Comptroller. The affiant further states that _____ died _____, 20_____, that the affiant is the surviving _____ of the decedent; and in the event prior claim
(Relationship to Deceased)
shall arise against this warrant _____ will reimburse the State of Florida for the amount of the warrant in
(He/She)
question.

******SUBMIT WITH COPY OF DEATH CERTIFICATE******

Sworn to and subscribed before me this
_____ day of _____, 20_____

Signature of Person Completing Affidavit

Signature of Notary Public

Current Mailing Address of Person Completing Affidavit

Print, Type, of Stamp Commissioned
Name of Notary Public

City, State, Zip Code

Commission Number and Expiration Date

Affiant Personally Known _____ OR

Type and Number of Identification Produced:

**OFFICIAL NOTARY STAMP REQUIRED.
(SEAL IF APPLICABLE)**