



**Davie Police Pension Plan
C/O Precision Pension Administration, Inc.
13790 NW 4 Street, Suite 105
Sunrise, Florida 33325**

Phone: 954.636.7170

Toll Free Fax: 866.769.0678

CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS - 2016

The undersigned hereby confirms that he or she is currently receiving monthly retirement benefits from the Town of Davie Police Pension Plan and that his or her entitlement to receive such benefits has not changed since benefits began.

(Retiree, Print Name)

(Retiree Signature / Date)

(Current Address) **If New Check Here ()**

XXX-XX
(Last four of your Social Security Number)

(Telephone Number)

(E-mail address)

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT
Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes

PLEASE LIST CLOSEST RELATIVE NOT LIVING WITH YOU

(Name, Please Print)

(Telephone Number)

(Address)

(Relationship)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____
(Date)

_____, who is personally known to me or who has produced
(Name of Person Acknowledging)

_____ as identification and who did (did not) take an oath.

_____ Notary Public, Commission No. _____
(Name of Notary typed, printed or stamped)

Note: THIS FORM MUST BE SIGNED PERSONALLY BY THE RETIREE (OR THE BENEFICIARY, IF THE RETIREE IS DECEASED). IF NOT SIGNED BY THE RETIREE OR THE BENEFICIARY, A LETTER OF EXPLANATION FOR SUCH FAILURE MUST BE RETURNED WITH THIS FORM. FAILURE TO RETURN THIS FORM WILL RESULT IN ALL MONTHLY BENEFITS STOPPING.