TOWN OF DAVIE POLICE OFFICERS' 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

REQUEST FOR INTERNET ACCESS

Member Name:	
Password Requested:	
(6-15 characters)	10/2/2
E-mail Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(E-mail address will be your login)	
The undersigned is requesting that the Board of Trustees retirement account information on Town of Davie Police (www.mydpdpension.org); and to issue me a password to requesting the password noted above be issued to me, but I un their designees) reserve the right to issue and/or change the packnowledge that it is my responsibility to safeguard this pastelect to remove said information from the foregoing site, by not their designees) in written form and the information will be retime. I acknowledge although all efforts have been made to ach it cannot be guaranteed. I acknowledge regardless of the information be paid only in accordance with the appropriate plan provides.	Pension Plan's Internet Website of access said information. I am derstand the Board of Trustees (or assword at any reasonable time. I assword. I acknowledge that I may notifying the Board of Trustees (or removed in a reasonable period of the trustees the accuracy on this web site, anation on this web site, all benefits
Security and Privacy	
I acknowledge this site employs an industry-standard protocol (SSL technology) for secure communications between our server and your browser. I acknowledge this technology provides the following components of secure online transactions: authentication, message privacy and message integrity. I acknowledge every reasonable effort is made to protect the security of all personally identifiable data located on this site. In addition, all personally identifiable information is not made available to any other parties. I release and hold harmless the Board of Trustees and their designees as a result of any issue that may arise from this request.	
Member's Signature	Date
THE ELA	Mary Jan
Office use only:	
Password Entered By:	Date://
Password Issued:	

02-2016