



# TOWN OF DAVIE POLICE PENSION PLAN

2650 W. State Road 84, Suite 100A  
Fort Lauderdale, FL 33312  
Phone: 954.636.7170  
Toll Free Fax: 866.769.0678

## AFFIDAVIT - CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS - 2026

I, the undersigned affiant hereby confirms that I am currently receiving a monthly benefit from the Town of Davie Police Pension Plan and that my entitlement to receive such benefit has not changed since benefits began.

\_\_\_\_\_  
(Retiree or Beneficiary, Print Name)

\_\_\_\_\_  
(Retiree or Beneficiary Signature / Date)

\_\_\_\_\_  
(Current Home Address, City, State, Zip Code)

\_\_\_\_\_  
(Please check here if new address) { }

\_\_\_\_\_  
(Area Code & Telephone Number)

\_\_\_\_\_  
(Your E-mail address)

### PLEASE LIST CLOSEST RELATIVE NOT LIVING WITH YOU

\_\_\_\_\_  
(Name, Please Print)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Current Home Address, City, State, Zip Code)

\_\_\_\_\_  
(Area Code & Telephone Number)

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

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

The foregoing instrument was acknowledged before me by means of:

[ ] physical presence or [ ] online notarization

this \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_, who is personally known to me  
(date) (name of person acknowledging)

or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.  
(Type of Identification Produced)

\_\_\_\_\_  
(Signature of Notary Public)

**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 OR YOUR PAYMENT**

Remember to visit us at: <https://www.mydppension.org>