



## **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**

**AS PART OF OUR ONGOING EFFORT TO SECURELY HANDLE INFORMATION TRANSFERS, PLEASE REFRAIN FROM SENDING THIS DOCUMENT BACK VIA UNSECURED EMAIL.**

**OTHER ALTERNATIVES EXIST TO INCLUDE US MAIL, FAX (NUMBER CITED ABOVE), OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE.**

**LASTLY, ALSO, PLEASE USE LAST FOUR OF SOCIAL SECURITY NUMBER ONLY.**

**THANK YOU**



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## Benefit Projection Request

I \_\_\_\_\_ am respectfully requesting a pension benefit projection. I am eligible for retirement within the next six months. For purposes of this projection, please make my Drop/Retirement date effective: \_\_\_\_\_.

### Member Data:

Member Last Name: \_\_\_\_\_ Member First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

For purposes of this projection only, I designate the follow individual as my primary beneficiary. I understand that it is my responsibility to keep my beneficiary form up to date.

### Beneficiary Data:

Beneficiary Last Name: \_\_\_\_\_ Beneficiary First Name: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_

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By my signature below, I understand that this is not a request for retirement (or to Drop) and it is simply a benefit projection request. I understand that I must mail (or fax) this form to the Office of Retirement as noted above for processing.

Member's Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

### Office Use Only

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Date request received by Office of Retirement: \_\_\_\_\_

Date of request made to city for payroll data: \_\_\_\_\_

Date received payroll data from city: \_\_\_\_\_

Date of request made to actuary to provide projection: \_\_\_\_\_

Date received projection from actuary: \_\_\_\_\_

Date projection provided to member: \_\_\_\_\_

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