

TOWN OF DAVIE POLICE PENSION PLAN

C/O Precision Pension Administration, Inc.

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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



Town of Davie Police Pension Plan

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: _____

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

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: _____