



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: _____