



**Davie Police 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

CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS

The undersigned hereby confirms that he or she is currently receiving monthly retirement benefits from the Town of Davie Police Pension Plan and that his or her entitlement to receive such benefits has not changed since benefits began.

(Retiree, Print Name)

(Retiree Signature / Date)

(Current Address) **If New Check Here ()**

XXX-XX
(Last four of your Social Security Number)

(City, State and Zip Code) **If New Check Here ()**

(Telephone Number)

(E-mail address)

PLEASE LIST CLOSEST RELATIVE NOT LIVING WITH YOU

(Name, Please Print)

(Telephone Number)

(Current Address)

(City, State and Zip Code)

(Relationship)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by
(Date)

_____, who is personally known to me or who has produced
(Name of Person Acknowledging)

_____ as identification and who did (did not) take an oath.

(Name of Notary typed, printed or stamped) Notary Public, Commission No. _____

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. FAILURE TO RETURN THIS FORM WILL RESULT IN ALL MONTHLY BENEFITS STOPPING.