



**Town of 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 - 2021**

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)

\_\_\_\_\_  
(Telephone Number)

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

**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 A SUSPENSION OF ALL BENEFIT PAYMENTS.**

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)