



Lauderhill Police Officers' Retirement 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

AFFIDAVIT - CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS 2022

I, the undersigned affiant hereby confirm, that I am currently receiving a monthly retirement benefit from the City of Lauderhill Police Officers' Retirement Plan and that my entitlement to receive such benefit has not changed since benefits began.

(Retiree or Beneficiary, Print Name)

(Retiree or Beneficiary Signature / Date)

(Current Home Address, City, State, Zip Code)

Please check here if new address

(Area Code & Telephone Number)

(Your 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)

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 OR YOUR PAYMENT MAY BE INTERRUPTED.

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)