



# CITY OF BOYNTON BEACH POLICE OFFICERS' PENSION FUND



2100 North Florida Mango Road  
West Palm Beach, Florida 33409

Telephone: 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 City of Boynton Beach Police Officers' Pension Fund and that his or her entitlement to receive such benefits and has not changed since benefits began. I \_\_\_\_\_ (print name) hereby certify under penalties of perjury, I am alive on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and lawfully receiving pension benefits from the City of Boynton Beach Police Officers' Pension Fund.

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

### SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes

## PLEASE LIST CLOSEST RELATIVE NOT LIVING WITH YOU

\_\_\_\_\_  
(Name, Please Print)

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

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

\_\_\_\_\_  
(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.**