



# Lauderhill Police Officers' Retirement Plan

C/O Precision Pension Administration, Inc.  
13790 NW 4 Street, Suite 105  
Sunrise, Florida 33325

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Toll Free Fax: 866.769.0678

## AFFIDAVIT - CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS 2024

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)*