



# CITY OF HOLLYWOOD, FLORIDA POLICE OFFICERS' RETIREMENT SYSTEM

4205 Hollywood Boulevard, Suite 4  
Hollywood, Florida 33021

Telephone: (954) 967- 4395    Fax: (954) 967- 4387    Toll Free: (866) 738- 4776

## **ELECTRONIC TRANSMISSION - ATTENTION REQUIRED**

TO:            Retired Member

FROM:        David Strauss, Chairman

SUBJECT:     Annual Confirmation of Retirement Benefits - 2020

DATE:        June 30, 2020

Dear Member:

Greetings, from the Board of Trustees to you and your family. I hope this correspondence finds you doing well. Yet another year has passed and the annual independent audit for the *Hollywood Police Officers' Retirement System* will begin shortly. This year we are attempting to streamline this process by delivering this form to you electronically.

As part of the audit process, you are being requested to complete the enclosed confirmation form. Once executed and **NOTARIZED**, kindly return the form to the Office of Retirement. If you have the ability you may scan and return, or place in the mail. Due to COVID-19, we are asking members to refrain from coming to the physical office. **It is very important that we have this information back to us no later than July 31, 2020.** Should you fail to return the form by this date, it may result in the interruption of your monthly benefit payment until said form is received in the office.

Please note that our auditor may also randomly send out inquires, as a form of check and balances. If you receive an additional request sometime in the near future, please complete that request as prescribed.

If you have any questions or concerns, please call me at any time. Thank you in advance for your assistance in this matter of mutual concern.

Respectfully,

A handwritten signature in black ink, appearing to be "D. Strauss", written over a horizontal line.

David Strauss, Chairman  
**FOR THE BOARD**



**City of Hollywood Police Officers' Retirement System  
4205 Hollywood Blvd., Suite # 4  
Hollywood, Florida 33021**

**AFFIDAVIT - CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS 2020**

I, the undersigned affiant hereby confirm, that I am currently receiving a monthly retirement benefit from the City of Hollywood Police Officers' Retirement System 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)*

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 or who has  
(date) (name or person acknowledging)

produced \_\_\_\_\_ as identification and did (did not) take an oath.  
(type of identification)

\_\_\_\_\_  
Notary Public

**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.**