



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

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 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.