

CITY OF BOYNTON BEACH MUNICIPAL FIREFIGHTERS PENSION TRUST FUND



2100 N. Florida Mango Road West Palm Beach, Florida 33409

Telephone: 954.636.7170 & 561.340.3470

Toll Free Fax: 866.769.0678

PROMPT ATTENTION REQUIRED!!!!!

- TO: All Pension Recipients
- FROM: Matt Petty, Chairman
- DATE: July 3, 2019
- SUBJECT: Annual Confirmation of Retirement Benefits 2019

Greetings, from the Board of Trustees to you and your family. Yet another year has passed and the annual independent audit for the Pension Fund will begin shortly. Part of that procedure is ensuring the payments are being made in accordance with the City Ordinance that governs the Fund. As such, I have enclosed a yearly confirmation for all retirees (or their beneficiary) to execute & return.

Kindly take the time to acquaint yourself with the form, complete and return NOTARIZED. A self-addressed stamped envelope is enclosed for your convenience. Please return as soon as possible, but no later than July 26, 2019.

Please note that our auditor (Davidson, Jamieson & Cristini) may also randomly send out inquires, as a form of checks and balances. If you receive an additional request sometime in the near future, please complete that request.

If you have any questions or concerns, please call the Office of Retirement. Thank you in advance for your assistance in this matter of mutual concern.

Respectfully,

Matt Petty, Chairman FOR THE BOARD

c: Member (file) Davidson, Jamieson & Cristini

NOTE: It is very important that we have this properly executed form back in the office as prescribed, to avoid possible interruption of your payment.



CITY OF BOYNTON BEACH `AI B=7=D5 @: =F9: =; <H9FG'' D9BG=CB'HFI GH': | B8'



(Fire ID Number)

<u>7CB: FA5H-CB'C: F979-DH'C: F9H-F9A9BH'69B9: +HG'! & %</u>

The undersigned hereby confirms that he or she is currently receiving monthly retirement benefits from the City of Boynton Beach Municipal Firefighters Pension Trust 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 Municipal Firefighters pension Trust Fund.

(Retiree, Print Name)

(Retiree Signature / Date)

(Current Street Address) =ZBYk '7 \ YW '< YfY'fI''Ł

XXX-XX

(Last four of your Social Security Number)

(City) (State) (Zip Code)

(E-mail address)

(Telephone)

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

<u>D@95G9`@GH'7@CG9GH'F9@5H=J9`BCH`@=J=B; 'K =H<`MCL</u>`

(Name, Please Print)

(Telephone Number)

(Address)

(Relationship)

(City) (State) (Zip Code)

(E-Mail Address)

STATE OF _____) COUNTY OF _____)

The foregoing instrument was subscribed, sworn to, and acknowledged before me this ____ day of _____, 20___, by _____,(name of personal acknowledging) who is personally known to me or has produced _____ (type of identification) as identification and did/did not take an oath.

(Seal)

Signature of Notary Public
Print Name of Notary:
My Commission Expires:
Commission Number:

BCH9. H<=G': CFA'AIGH'69'G=; B98'<u>D9FGCB5@@M</u>6M'H<9'F9H=F99'fDR THE BENEFICIARY, IF THE RETIREE IS DECEASEDL"''= 'BCH'G=; B98'6M'H<9'F9H=F99'OR THE BENEFICIARY25'@9HH9F'C: '9LD@5B5H=CB': CF'GI7<':5=@ F9' AIGH'69'F9HIFB98'K=H<=G': CFA" <u>FAILURE TO RETURN THIS FORM WILL RESULT IN ALL MONTHLY BENEFITS</u> <u>STOPPING</u>