



**CITY OF BOYNTON BEACH
MUNICIPAL FIREFIGHTERS
PENSION TRUST FUND**



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West Palm Beach, Florida 33409**

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PLEASE REFRAIN SENDING BACK THIS DOCUMENT
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ALSO USE LAST 4 OF SSN ONLY.

THANK YOU!

Remember to Visit Us: bbffp.org



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MUNICIPAL FIREFIGHTERS

PENSION TRUST FUND



REQUEST FOR INTERNET ACCESS

Member Name (Print): _____

Login-In Name (ID #): _____

Password Requested: _____
(6-15 Characters)

E-Mail Address: _____
(Personal E-Mail)

The undersigned is requesting that the Board of Trustees (or their designees) to post my retirement account information on the City of Boynton Beach Municipal Firefighters Pension Trust Fund's Internet Website; and to issue me a password to access said information. I am requesting the password noted above be issued to me, but I understand that the Board of Trustees (or their designees) reserve the right to issue and/or change the password at any reasonable time. I acknowledge that it is my responsibility to safeguard this password. I acknowledge that I may elect to remove said information from the foregoing site, by notifying the Board of Trustees (or their designees) in written form and the information will be removed in a reasonable period of time. I acknowledge although all efforts have been made to achieve the accuracy on this web site, it cannot be guaranteed. I acknowledge regardless of the information on this web site, all benefits shall be paid only in accordance with appropriate plan provisions.

Security and Privacy

I acknowledge this site employs an industry-standard protocol (SSL technology) for secure communications between our server and your browser. I acknowledge this technology provides the following components of secure online transactions; authentication, message privacy and message integrity. I acknowledge every reasonable effort is made to protect the security of all personally identifiable data located on this site. In addition, all personally identifiable information is not made available to any other parties. I release and hold harmless the Board of Trustees and their designees as a result of any issue that may arise from this request.

Member's Signature

____/____/____

Date

Office Use Only:

Password Entered By: _____ Date: ____/____/____

Password Issued: _____ Date: ____/____/____