



**CITY OF SUNRISE
POLICE OFFICERS' RETIREMENT PLAN
13790 N.W. 4TH STREET, SUITE # 105
SUNRISE, FLORIDA 33325**

AFFIDAVIT - CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS 2024

I, the undersigned affiant hereby confirms, that I am currently receiving a monthly retirement benefit from the City of Sunrise 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)

(PLEASE PROVIDE 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 AND NOTARIZED BY THE RETIREE (OR THE BENEFICIARY, IF THE RETIREE IS DECEASED). IF NOT SIGNED AND NOTARIZED BY THE RETIREE OR THE BENEFICIARY, A LETTER OF EXPLANATION FOR SUCH FAILURE MUST BE RETURNED WITH THIS FORM. FAILURE TO RETURN THIS FORM WILL RESULT IN ALL MONTHLY BENEFITS STOPPING.

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)