

The City of Fort Pierce Retirement and Benefit System

P.O. BOX 1480, FORT PIERCE, FL. 34954-1480

Tel: (772) 467-3080

MANDATORY INFORMATION REQUEST

THIS IS AN "IMPORTANT" FORM

Failure to comply with this request by

OCTOBER 1, 2015

May result in an interruption of your pension benefit

Periodically the Retirement Board conducts a Benefit Verification Audit. All benefit recipients must demonstrate they are eligible to continue receiving benefits. Failure to complete and return to the Retirement board, by the due date above, may result in a suspension of your monthly benefit. Please complete the information listed below.

PLEASE NOTE: If the recipient has passed away, there is no need to return the form. Instead, contact the Retirement Clerk immediately at (772) 467-3080.

| | | | |
|---|--|------------|--|
| MEMBER NAME : | | ADDRESS 1: | |
| LAST FOUR (4) DIGITS Of Social Security Number | | ADDRESS 2: | |
| PHONE 1: | | CITY: | |
| PHONE 2: | | STATE: | |
| EMAIL ADDRESS: | | ZIP: | |

PLEASE HAVE YOUR SIGNATURE WITNESSED BY A NOTARY PUBLIC

I hereby certify under the penalties of perjury that the information I have supplied in this form is true, complete and correct to the best of my knowledge.

Signature

Date

SECTION BELOW TO BE FILLED OUT BY A NOTARY PUBLIC

_____ (print name) Personally Known _____ OR Produced
Identification _____ (Type of Identification Produced: _____) who first being
duly sworn, subscribed his/her name before me this _____ day of _____, 2015.

Signature of Notary Public

Date

Printed Name of Notary Public

My Commission Expires

INTERNAL USE ONLY

Received By

&

Date

Changed Date