



CITY OF HOLLYWOOD, FLORIDA POLICE OFFICERS' RETIREMENT SYSTEM

4205 Hollywood Boulevard, Suite 4
Hollywood, Florida 33021

Telephone: (954) 967- 4395 Fax: (954) 967- 4387 Toll Free: (866) 738- 4776

TO: Retired Member
FROM: David Strauss, Chairman
SUBJECT: Annual Confirmation of Retirement Benefits - 2026
DATE: June 1, 2026

Dear Member:

Greetings from the Board of Trustees to you and your family. I hope this correspondence finds you doing well. Yet another year has passed and the annual independent audit for the *Hollywood Police Officers' Retirement System* will begin shortly. As such, I have enclosed a yearly confirmation of retirement form for all retirees (or their beneficiary) to execute.

As part of the audit process, you are requested to complete the enclosed confirmation form. Once executed and **NOTARIZED**, kindly return the form to the pension office by US Mail or scan and e-mail it back. A self-addressed stamped envelope is enclosed, so not to inconvenience you further. **It is very important that we have this information back in the office no later than July 17, 2026.** Should you fail to return the form by this date, it may result in the interruption of your monthly benefit payment until said form is received in the office.

Please note that our auditor may also randomly send out inquiries, as a form of check and balances. If you receive an additional request sometime in the near future, please complete that request as prescribed.

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

Respectfully,

A handwritten signature in black ink, appearing to be 'DS', written over a horizontal line.

David Strauss, Chairman
FOR THE BOARD



SHOULD YOU WISH TO RETURN
ELECTRONICALLY, USE QR CODE.

e-mail: info@hollywoodpensionfund.com



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

AFFIDAVIT - CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS 2026

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.