



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

**AFFIDAVIT - CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS 2020**

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.**