



## FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH

### City of Hollywood Police Officers' Retirement System **Direct Deposit Request**

This is an authorization to have my monthly pension benefit from the City of Hollywood Police Officers' Retirement System directly deposited to the bank I have indicated below.

\_\_\_\_\_  
*NAME OF BANK*

\_\_\_\_\_  
*PLEASE PRINT YOUR NAME*

\_\_\_\_\_  
*BANK'S STREET ADDRESS*

\_\_\_\_\_  
*PLEASE SIGN YOUR NAME*

\_\_\_\_\_  
*BANK'S CITY, STATE, ZIP CODE*

\_\_\_\_\_  
*YOUR SOCIAL SECURITY NUMBER*

\_\_\_\_\_  
*BANK'S TELEPHONE NUMBER*

\_\_\_\_\_  
*DATE*

CHECKING ( ) OR SAVINGS ( )  
*TYPE OF ACCOUNT, PLEASE CHECK ONE*

Please be advised that this application **MUST BE COMPLETED, SIGNED, DATED AND RETURNED** to The Hollywood Police Officers' Retirement System, Office of Retirement, 4205 Hollywood Blvd., Suite 4, Hollywood Florida 33021 before your request for Direct Deposit can be honored. All requests **MUST BE RECEIVED** by Fiduciary Trust International of the South no later than 10 business days **BEFORE** the end of the month.

#### SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.

**Please attach a copy of a cancelled check here.**