

**CITY OF GULFPORT  
GENERAL EMPLOYEES' PENSION PLAN**

**CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS**

The undersigned hereby confirms that he or she is currently receiving monthly retirement benefits from the City of Gulfport General Employees' Pension Plan and that his or her entitlement to receive such benefits has not changed since benefits began.

\_\_\_\_\_  
Retiree, Beneficiary, Joint Pensioner (Circle One)  
(Name Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name typed, printed or stamped  
My Commission Expires: \_\_\_\_\_

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_.

**THIS FORM MUST BE SIGNED PERSONALLY BY THE RETIREE, BENEFICIARY OR JOINT PENSIONER AND RETURNED, OR IF NOT SIGNED BY THE RETIREE, BENEFICIARY OR JOINT PENSIONER, A LETTER OF EXPLANATION FOR SUCH FAILURE MUST BE RETURNED WITH THIS FORM, TO:**

**City of Gulfport General Employees' Pension Plan  
c/o Pension Resource Center  
4360 Northlake Blvd., Suite 206  
Palm Beach Gardens, FL 33410**

**FAILURE TO PROPERLY COMPLETE AND RETURN THIS FORM MAY RESULT IN A DISCONTINUATION OF BENEFITS.**

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