

**CITY OF LAKE MARY
FIREFIGHTERS' RETIREMENT SYSTEM**

CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS

The undersigned hereby confirms that he or she is currently receiving monthly retirement benefits from the City of Lake Mary Firefighters' Retirement System 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

Signature

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn before me this ____ day of _____, 20____,
by _____, who is personally known to me or who produced a _____
_____ as identification and who did take an oath.

Notary Public

THIS FORM MUST BE SIGNED PERSONALLY BY THE RETIREE 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 Lake Mary Firefighters' Retirement System
911 Wallace Court
Lake Mary, Florida 32746**

"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."

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