

REQUEST FOR CONFIDENTIALITY

To: City of Lake Worth Fire Division I Pension Fund

From: _____

(Name and Address of Employee or Retiree)

Social Security Number: _____

Date: _____

Pursuant to Florida Statute §119.071(4)(d)1 and 8, I hereby request the City of Lake Worth Fire Division I Pension Fund to maintain the confidentiality of all of my personal information which is protected by that statute, including but not limited to my home address, telephone number and photograph as well as those of my spouse and my children.

Signature

PLEASE RETURN TO:

CITY OF LAKEWORTH FIRE DIVISION I PENSION FUND
C/O PENSION RESOURCE CENTER
4360 NORTH LAKE BOULEVARD, SUITE 206
PALM BEACH GARDENS, FL 33410