

CITY PENSION FUND FOR FIREFIGHTERS AND POLICE OFFICERS  
IN THE CITY OF MIAMI BEACH

RETIREE AFFIDAVIT

The undersigned affiant does hereby depose and say that he/she is the retired member of the City Pension Fund for Firefighters and Police Officers in the City of Miami Beach, named on the pension benefits issued and is duly authorized to receive said benefits.

\_\_\_\_\_  
Signature of Retiree

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

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

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

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Print or Type Commissioned Name of Notary Public)

- Personally known to me, or
- Produced the following identification:

\_\_\_\_\_  
(Type of identification produced and ID# if applicable)

Notary may not be related to affiant by blood or marriage.

Affix Notary Seal and/or Notary Stamp with  
Commission Number and Expiration date

(Seal/Stamp)

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