

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

B E N E F I C I A R Y A F F I D A V I T

The undersigned affiant does hereby depose and say that he/she is the beneficiary of the deceased 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. In addition, the widow or widower has not remarried since the death of the former member.

Signature of Beneficiary

Telephone (_____) _____

Cell Phone (_____) _____

E-mail: _____

STATE OF _____

COUNTY OF _____

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

(Signature of Notary Public)

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

(Print or Type Commissioned Name of Notary Public)

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

Personally known to me, or

(Seal / Stamp)

Produced the following identification:

(Type of identification produced and ID# if applicable)

