

MIAMI BEACH

MIAMI BEACH EMPLOYEES' RETIREMENT PLAN

1700 Convention Center Dr., Miami Beach, FL 33139
305.673.7437 www.MBERP.com alive@miamibeachfl.gov

April 9, 2024

OFFICIAL NOTICE

To All Retirees and Pensioners:

As part of our review and audit of the pension payroll, it is necessary to request you complete the attached affidavit and return it to the above address no later than June 7, 2024, you may also email it to alive@miamibeachfl.gov.

Non-receipt of the completed, signed and notarized affidavit will result in your July 2024 Pension benefit being placed on hold.

If you have any questions, please do not hesitate to contact the Pension Office at (305) 673-7437.

Sincerely,

Miami Beach Employee's Retirement Plan

2024 ANNUAL AFFIDAVIT

The undersigned does hereby depose and state that he/she is the retired member, or the beneficiary of a deceased retired member of the Miami Beach Employees' Retirement Plan, the listed payee of the retirement/pension benefit issued by said Fund and duly authorized to receive said benefit.

| | |
|---------------------------------------|----------------------|
| Retiree/Pensioner's Signature: | |
| Print Name: | ID # |
| SSN (last 4): | Phone Number: |
| Current Address: | |
| City, State, Zip: | |
| Email Address – please print: | |

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this _____ day of _____, _____ by _____.
(name of person making statement)

Personally Known _____ OR Produced Identification _____

If Identification Produced, type of Identification _____

Notary Public

STAMP

Commission Expires