

This form is to be returned no later than February 1, 2025. If this form is not returned and completed in its entirety it will result in a suspension of pension benefits until received. If you have any questions, please contact the pension office at 305-853-9292.



Certificate of Life Form

This form serves as confirmation and proof of life for the pensioner listed below:

Pensioner Information		
First Name	Last Name	Email
Phone	Date of Birth	Address
		Address continued

- I certify that I am the pensioner listed above
- I have included a copy of (driver license or other picture I.D.) of pensioner listed above

Pensioner Signature

Date

NOTARY

State of _____

County of _____

I, _____, Notary Public, do hereby certify that _____ [Name of pensioner] personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____, 20__.

(Official Seal) _____

Official Signature of Notary

Notary's Printed or Typed Name

My Commission Expires: _____