

**CITY OF HIALEAH  
EMPLOYEES' RETIREMENT SYSTEM**

**Board Chairman**  
Robert W. Williams III  
**Board Vice Chairman**  
Jonathan A. Martinez  
**Board Secretary**  
Minying Ho  
**Board Attorney**  
Stuart Kaufman



**Board Members**  
Osvaldo Estrada  
Manuel Ferrera  
Robert W. Williams  
Gelien Perez

**AFFIDAVIT**

The undersigned affiant does hereby depose and say that he/she is the retired member of the City of Hialeah Retirement System, named on the pension benefits issued and is duly authorized to receive said benefits.

\_\_\_\_\_  
Print Name of Retiree

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

( )  
\_\_\_\_\_  
Telephone

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

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

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

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

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

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

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name  
of Notary Public

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

(Seal/Stamp)

- Personally known  
 Produced identification

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