

AFFIDAVIT

The undersigned affiant does hereby depose and say that he/she is the beneficiary of the deceased 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 Beneficiary

Signature of Beneficiary

() _____
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

- Personally known
- Produced identification

(Seal/Stamp)

(Type of identification produced and ID# if applicable)