



# **CITY OF BOYNTON BEACH MUNICIPAL FIREFIGHTERS PENSION TRUST FUND**



**2100 North Florida Mango Road  
West Palm Beach, Florida 33409**

**Telephone: 561.340.3470**

**Toll Free Fax: 866.769.0678**

TO: Retired Member  
FROM: Jon Raybuck, Chairman  
SUBJECT: Annual Confirmation of Retirement Benefits - 2025  
DATE: July 01, 2025

Dear Member:

Greetings, from the Board of Trustees to you and your family. I hope this correspondence finds you doing well. Yet another year has passed and the annual independent audit for the *Boynton Beach Firefighters Pension Trust Fund* will begin shortly.

As part of the audit process, you are being requested to complete the enclosed confirmation form. Once executed and **NOTARIZED**, kindly return the form to the Office of Retirement. If you have the ability, you may scan and return, or you can place in the mail to us. **It is very important that we have this information back to us no later than July 31, 2025. Should you fail to return the form by this date, it will result in the interruption of your monthly benefit payment until said form is received in the office.**

Please note that our auditor may also randomly send out inquires, as a form of check and balances. If you receive an additional request sometime in the near future, please complete that request as prescribed.

If you have any questions or concerns, please call the office at any time. Thank you in advance for your assistance in this matter of mutual concern.

Respectfully,

Jon Raybuck, Chairman  
**FOR THE BOARD**

**Remember to Visit Us: [bbffp.org](http://bbffp.org)**



# **CITY OF BOYNTON BEACH**

## **MUNICIPAL FIREFIGHTERS**

## **PENSION TRUST FUND**



### **CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS - 2025**

The undersigned hereby confirms that he or she is currently receiving monthly retirement benefits from the City of Boynton Beach Municipal Firefighters Pension Trust Fund and that his or her entitlement to receive such benefits and has not changed since benefits began. I \_\_\_\_\_ (print name) hereby certify under penalties of perjury, I am alive on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and lawfully receiving pension benefits from the City of Boynton Beach Municipal Firefighters Pension Trust Fund.

\_\_\_\_\_  
(Retiree, Print Name)

\_\_\_\_\_  
(Retiree Signature / Date)

\_\_\_\_\_  
(Current Street Address) **If New Check Here ( )**

\_\_\_\_\_  
XXX-XX  
(Last four of your Social Security Number) (Fire ID Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(E-mail address)

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

#### **SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes

### **PLEASE LIST CLOSEST RELATIVE NOT LIVING WITH YOU**

\_\_\_\_\_  
(Name, Please Print)

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

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(E-Mail Address)

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

Select one: ( ) in person or ( ) electronically on-line

The foregoing instrument was subscribed, sworn to, and acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, (name of personal acknowledging) who is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification and did/did not take an oath.

(Seal)

\_\_\_\_\_  
Signature of Notary Public

Print Name of Notary:

My Commission Expires:

Commission Number: \_\_\_\_\_

**NOTE: THIS FORM MUST BE SIGNED PERSONALLY BY THE RETIREE (OR THE BENEFICIARY, IF THE RETIREE IS DECEASED). IF NOT SIGNED BY THE RETIREE OR THE BENEFICIARY, A LETTER OF EXPLANATION FOR SUCH FAILURE MUST BE RETURNED WITH THIS FORM. FAILURE TO RETURN THIS FORM WILL RESULT IN ALL MONTHLY BENEFITS STOPPING**

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