



City of Southgate

POLICE AND FIRE RETIREMENT SYSTEM

14730 REAUME PKY. SOUTHGATE, MICHIGAN 48195

January 2025

Verification of Retirant and Beneficiary Data

Pursuant to the administrative policy of the City of Southgate Police and Fire Retirement System, you are required to complete, sign, have notarized and return this form to the Board of Trustees. **Failure to properly complete and return this form to the Board of Trustees within thirty (30) days of receipt may result in a suspension of your benefits.** All retirees and surviving beneficiaries receiving benefits must complete this form.

The Board of Trustees will treat this information as confidential to the extent allowed by law. This information is necessary to the continued proper operation of you Retirement System.

Note: THIS FORM DOES NOT ALLOW OR PROVIDED FOR A CHANGE OF YOU DESIGNATED BENEFICIARY. THIS FORM MUST BE NOTORIZED.

Please provide the following information:

1. True Legal Name of Retirant: _____
2. True Legal Name of Beneficiary: _____
3. Current Address of Person
Receiving Benefits: _____
Street

City State Zip Code
4. Telephone Number: _(_____)_____
5. Social Security Number of Retirant(last 4): _____
6. Current email _____

7. Has there been any change in your marital status? _____

If so, please provide date:

(A) Divorce _____

(B) Death of Spouse _____

(C) Remarriage _____

8. If on disability retirement, has there been any change in your ability to return to your employment (please check):

a. Yes _____ Please Explain: _____

b. No _____

9. If on disability retirement please provide name and address of your physician:

10. If you are receiving worker's compensation benefits (including, but not limited to second injury and supplemental fund benefits) write on the line below the current benefits you are receiving.

a. Yes _____; If so, how much _____

b. No _____

Signature of Person Receiving Benefits: _____

Printed Name: _____ Date: _____

STATE OF _____)

)ss:

COUNTY OF _____)

The foregoing instrument was subscribed and sworn to before me by

_____ this _____ day of _____, 20____.

Notary Public

_____ County, _____

My Commission Expires: _____