



# FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH



## City of Sunrise Police Officers' Retirement System **Direct Deposit Request**

This is an authorization to have my monthly pension benefit from the City of Sunrise Police Officers' Retirement System directly deposited to the bank I have indicated below.

_____	_____
<i>NAME OF BANK</i>	<i>PLEASE PRINT YOUR NAME</i>
_____	_____
<i>BANK'S STREET ADDRESS</i>	<i>PLEASE SIGN YOUR NAME</i>
_____	_____
<i>BANK'S CITY, STATE, ZIP CODE</i>	<i>YOUR SOCIAL SECURITY NUMBER</i>
_____	_____
<i>BANK'S TELEPHONE NUMBER</i>	<i>DATE</i>
<i>CHECKING ( <input type="checkbox"/> ) OR SAVINGS ( <input type="checkbox"/> )</i>	
<i>TYPE OF ACCOUNT, PLEASE CHECK ONE</i>	

Please be advised that this application **MUST BE COMPLETED, SIGNED, DATED AND RETURNED** to The **Sunrise Police Officers' Retirement System, Office of Retirement, 13790 NW 4 Street, Suite 105, Sunrise, Florida 33325** before your request for Direct Deposit can be honored. All requests **MUST BE RECEIVED** by Fiduciary Trust International of the South no later than 15 business days **BEFORE** the end of the month.

### 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 attach a copy of a cancelled check here.**