RETIREMENT PENSION INCOME VERIFICATION

Official Statement of Pension Benefits & Income

PENSIONER INFORMATION

FULL NAME

PENSION / MEMBER ID

SOCIAL SECURITY NUMBER / NATIONAL ID (LAST 4 DIGITS)

DATE OF BIRTH

MAILING ADDRESS

PENSION PLAN / PROVIDER DETAILS

PLAN / PROVIDER NAME

CONTACT NUMBER

PROVIDER ADDRESS

PAYMENT & BENEFIT DETAILS

PENSION TYPE (E.G., DEFINED BENEFIT, ANNUITY)

PAYMENT FREQUENCY (E.G., MONTHLY, BI-WEEKLY)

EFFECTIVE COMMENCEMENT DATE

CURRENT STATUS (ACTIVE / SUSPENDED)

FINANCIAL BREAKDOWN (CURRENT PAYMENT CYCLE)

Description	Amount
Gross Pension Amount	
Tax Deductions (Federal / State)	

Description	Amount
Other Deductions / Insurance Premiums	
Net Pension Amount Paid	

VERIFICATION & AUTHORIZATION

I hereby certify that the information contained in this statement is true, accurate, and represents the current record of the pension benefits details as of the date of signing.

Authorized Representative Signature

PRINT NAME & TITLE

Date

OFFICIAL STAMP / SEAL