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Date: _____

To:

_____
_____
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SUBJECT: VERIFICATION OF PENSION BENEFIT INCOME

To Whom It May Concern,

This letter is to officially verify and confirm the pension benefit income details for the individual named below. This information is maintained in our official records as the administering organization of the pension plan.

Pensioner Full Name	_____
Pension Account / Policy Number	_____
Plan Type	_____
Benefit Start Date	_____
Payment Frequency	_____
Gross Benefit Amount	_____
Net Benefit Amount	_____

The benefits detailed above are scheduled to continue _____. If you require any additional information or further clarification regarding these pension benefits, please do not hesitate to contact our office.

Sincerely,

Authorized Representative
Signature

Name: _____
Title: _____
Phone: _____
Email: _____