

ANNUAL VERIFICATION OF RETIREMENT
PENSION DATA SHEET

Recipient's Full Name _____
Last First Initial

Street or P. O. Box (Use Mailing Address) City State Zip Code

Phone (____)_____

Are you currently employed (check one)? Yes No

If yes, provide name of employer _____

Is medical insurance available to you through your employment? Yes No

I hereby certify that the above information is correct.

Signature (if other than recipient must be person with Power of Attorney, a copy of which **must** be on file with our office)

-Date-

STATE OF _____)

COUNTY OF _____)

On _____ before me (a notary), _____, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name as subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

Signature
(Seal)