

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 (_____) _____

Social Security Number (last four) _____

Has the address and/or phone number changed yes no

I hereby certify that the above information is correct.

Member Signature Date

STATE OF _____)

COUNTY OF _____)

On _____ before me (a notary), _____,

personally appeared _____ and is 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 acknowledge 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)