

**2021 ANNUAL PENSION VERIFICATION**

<b>SECTION A</b>	<b>SECTION A: Must be completed by the pension recipient (including widows, beneficiaries and ex-spouses collecting under a QDRO) or completed on their behalf by an approved Power of Attorney or Guardian.</b>
	Name: _____ SSN (last four): _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Is this a change of address? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
	I receive a Pension as a (check one) <input type="checkbox"/> <b>Retired 292 Member (complete Section B)</b> <input type="checkbox"/> <b>Widow</b> <input type="checkbox"/> <b>Beneficiary</b> <input type="checkbox"/> <b>Ex-spouse</b>
Phone: _____ Email (optional): _____	

<b>SECTION B</b>	<b>SECTION B: Must be completed by a Retired 292 Member.</b>
	Are you currently employed (check one)?      Yes <input type="checkbox"/> NO <input type="checkbox"/>
	Check any that apply: <input type="checkbox"/> 39.5 IBEW Hour Rule <input type="checkbox"/> 600 IBEW Hour Rule <input type="checkbox"/> Inspector <input type="checkbox"/> Other
	Name of employer: _____
	Employer Phone number: _____
	Job Title: _____ Brief Job Description: _____

<b>SECTION C</b>	<b>SECTION C: Must be signed before a Notary Public by the pension recipient (including widows, beneficiaries and ex-spouses collecting under a QDRO) or an approved Power of Attorney.</b>
	I hereby certify that the above information is correct.
	_____ Signature of Pension Recipient, Power of Attorney, or Guardian      _____ Date
	<b>The above signed, _____ known to be the person who executed the forgoing and acknowledged the same, personally came before me this _____ day of _____, 2021.</b>
	<b>Notary Seal</b>
	<b>Witness my hand and official seal:</b> Signature: _____ Commission Expires: _____ State: _____ County: _____