

2023 ANNUAL PENSION VERIFICATION

SECTION A	<p>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.</p> <p>Name: _____ SSN (last four): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I receive a Pension as a (check one) <input type="checkbox"/> Retired 292 Member (complete Section B) <input type="checkbox"/> Widow <input type="checkbox"/> Beneficiary <input type="checkbox"/> Ex-spouse</p> <p>Phone: _____ Email (optional): _____</p>
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SECTION B	<p>SECTION B: Must be completed by a Retired 292 Member.</p> <p>Are you currently employed (check one)? Yes <input type="checkbox"/> NO <input type="checkbox"/></p> <p>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</p> <p>Name of employer: _____</p> <p>Employer Phone number: _____</p> <p>Job Title: _____</p> <p>Brief Job Description: _____</p>
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SECTION C	<p>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.</p> <p>I hereby certify that the above information is correct.</p> <p>_____ Signature of Pension Recipient, Power of Attorney, or Guardian _____ Date</p> <p>The above signed, _____ known to be the person who executed the forgoing and acknowledged the same, personally came before me this _____ day of _____, _____.</p> <p align="right">Notary Seal</p> <p>Witness my hand and official seal: Signature: _____ Commission Expires: _____ State: _____ County: _____</p>
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