## CENTRAL PENSION FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS & PARTICIPATING EMPLOYERS 4115 Chesapeake Street, NW, Washington, DC 20016 Tel: (202) 362-1000; Fax (202) 364-2913

## PENSION VERIFICATION REQUEST FORM

Please complete this form in its entirety, sign, and mail or fax it to the Fund. Name of Recipient: \_\_\_\_\_ CPF ID (or Last 4 Social Security Number): \_\_\_\_\_\_ Address Line #1: Address Line #2: \_\_\_\_\_\_ City: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_ Telephone #: \_\_\_\_\_ **NEW ADDRESS INFORMATION** Do you need this verification letter faxed? YES □ NO  $\square$ If YES Fax #: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Contact/Attention: Recipient Signature: \_\_\_\_\_\_ Date: Note: If you have Power of Attorney or court appointed guardianship and are signing this request on behalf of a recipient, we must have a complete copy of your Power of Attorney documentation on file before we can process your request. Central Pension Fund Mail to: Fax to: (202) 364-2913

For Central Pension Fund Internal Use Only. Privacy Sensitive.

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