



## 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

### NEW ADDRESS INFORMATION

Do you need this verification letter faxed?      YES       NO

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.

Mail to: Central Pension Fund  
4115 Chesapeake Street NW  
Washington, DC 20016

Fax to: (202) 364-2913