



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
1125 17th St NW, Suite 500
Washington, DC 20036-4724

Fax to: (202) 364-2913