

[Company Letterhead/Logo]
[Financial Institution Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Lender Name/Mortgage Company]
[Lender Address]
[City, State, Zip Code]

RE: Verification of Income for [Recipient/Policyholder Name]

To Whom It May Concern,

This letter serves as formal verification of the pension and/or annuity benefits currently being paid to [Recipient Full Name] (Account/Policy Number: [Number]).

Our records confirm the following details regarding this account:

- **Type of Benefit:** [e.g., Fixed Annuity / Defined Benefit Pension]
- **Benefit Start Date:** [Date]
- **Gross Payment Amount:** \$[Amount]
- **Payment Frequency:** [e.g., Monthly / Quarterly]
- **Cost of Living Adjustment (COLA):** [Yes/No - if yes, specify percentage]
- **Duration of Payments:** [e.g., Lifetime / Fixed Period ending Date]

These payments are currently active and are scheduled to continue according to the terms of the agreement. There are no known pending changes or terminations to these benefits at this time.

If you require additional documentation or have further questions, please contact our verification department at [Phone Number].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Financial Institution Name]