

Date: [Insert Date]

To: [Insert Name of Financial Institution/Lender]

Address: [Insert Lender Address]

City, State, Zip: [Insert City, State, Zip]

Subject: Pension Award Verification for [Borrower Name]

Dear [Loan Officer Name or Department],

This letter is to formally verify the pension benefits awarded to the individual listed below:

Borrower Name: [Insert Full Name]

Social Security Number: [Insert Last 4 Digits]

Pension Account Number: [Insert Account Number]

Pension Details:

- **Pension Administrator:** [Insert Organization/Agency Name]
- **Benefit Effective Date:** [Insert Start Date]
- **Gross Monthly Amount:** \$[Insert Amount]
- **Payment Frequency:** [Insert Frequency, e.g., Monthly]
- **Duration of Benefit:** [Insert "Lifetime" or Expiration Date]
- **Cost of Living Adjustments (COLA):** [Insert Yes/No]

The information provided above is true and accurate as of the date of this letter. If you require further documentation or have additional questions regarding these benefits, please contact our office at [Insert Phone Number] or via email at [Insert Email Address].

Sincerely,

[Authorized Signature]

[Printed Name]

[Title/Position]

[Organization Name]