

[Department/Agency Name]
[Mailing Address]
[City, State, Zip Code]
[Phone Number]

Date: [Current Date]

To Whom It May Concern,

Subject: Verification of Pension Income

This letter is to officially verify the pension benefit details for the individual listed below:

- **Full Name:** [Pensioner Name]
- **Pension Identification Number:** [ID Number]
- **Benefit Type:** [Retirement/Disability/Survivor]

As of [Current Date], the monthly payment details are as follows:

- **Gross Monthly Amount:** \$[0,000.00]
- **Total Deductions:** \$[0,000.00]
- **Net Monthly Amount:** \$[0,000.00]

This benefit was effective as of [Start Date] and is paid on a [Monthly/Bi-weekly] basis. These payments are scheduled to continue [Indefinitely / Until a specific date].

If you require further information or have any questions regarding this verification, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Name of Authorized Official]
[Title]
[Department/Agency Name]