

[Date]  
[Pension Fund Name]  
[Address]  
[City, State, Zip Code]

[Recipient Name]  
[Recipient Address]  
[City, State, Zip Code]

**Subject: Verification of Lifetime Pension Benefits**

To Whom It May Concern,

This letter serves as official verification of the pension benefits for the individual listed below:

- **Pensioner Name:** [Full Name]
- **Member ID/Social Security Number:** [ID Number]
- **Benefit Start Date:** [Date]
- **Payment Frequency:** [Monthly/Quarterly]

The current gross benefit amount is **[\$Amount]** per period. This is a lifetime benefit and is scheduled to continue for the remainder of the beneficiary's life.

Additional details regarding this benefit:

- **Cost of Living Adjustment (COLA):** [Yes/No]
- **Survivor Benefit Option:** [Yes/No]

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

Sincerely,

[Authorized Signature]  
[Printed Name]  
[Title]  
[Pension Administration Office]