

[Pension Fund/Organization Name]
[Department Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Monthly Pension Income Confirmation

To Whom It May Concern,

This letter is to formally certify that [**Pensioner Full Name**], with Social Security or Pension ID number [**ID Number**], is currently receiving a monthly pension from [**Pension Fund/Organization Name**].

The details of the pension payments are as follows:

- **Pension Start Date:** [Date]
- **Gross Monthly Amount:** \$[Amount]
- **Net Monthly Amount:** \$[Amount]
- **Payment Frequency:** Monthly
- **Next Scheduled Increase (if applicable):** [Date/None]

This pension is guaranteed for [Life / Fixed Term of X years]. The payments are deposited directly into the recipient's designated bank account on the [Day] of each month.

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

Sincerely,

[Signature]
[Printed Name]
[Job Title]
[Pension Fund/Organization Name]