

[Pension Provider Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

[Date]

RE: Verification of Pension Benefits

To Whom It May Concern,

Please accept this letter as official verification of pension benefits for the following individual:

Member Name: [Full Name of Pensioner]
Account/SSN: [Last 4 Digits of SSN or Account Number]

We confirm that the individual listed above is currently receiving regular pension disbursements as follows:

- **Benefit Start Date:** [Date]
- **Gross Monthly Amount:** \$[Amount]
- **Net Monthly Amount:** \$[Amount]
- **Frequency of Payment:** [Monthly/Bi-Weekly]
- **Benefit Type:** [e.g., Lifetime Annuity, Defined Benefit, etc.]
- **Cost of Living Adjustment (COLA):** [Yes/No]

This benefit is scheduled to continue for: [Life / Remaining Number of Months].

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

Sincerely,

[Signature]

[Name of Authorized Representative]
[Title]
[Pension Plan/Organization Name]