

[Date]

[Pension Provider Name]

[Department Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Verification of Pension Income

To Whom It May Concern,

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

- **Pensioner Name:** [Full Name]
- **Account/Member Number:** [Account Number]
- **Social Security Number (Last 4 digits):** [XXX-XX-0000]

The aforementioned individual is currently receiving a regular pension distribution as detailed below:

- **Payment Frequency:** [Monthly/Bi-Weekly]
- **Gross Benefit Amount:** \$[0,000.00]
- **Net Benefit Amount:** \$[0,000.00]
- **Benefit Start Date:** [Date]
- **Cost of Living Adjustments (COLA):** [Yes/No]
- **Duration of Benefits:** [Lifetime / Specified End Date]

This income is guaranteed and is expected to continue for the foreseeable future, barring any statutory changes or the death of the beneficiary.

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

Sincerely,

[Signature]

[Name of Authorized Representative]

[Title/Position]

[Pension Provider Name]