

[Date]

[Pension Fund Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Verification of Survivor Pension Benefits

Beneficiary Name: [Full Name of Survivor]

Deceased Member Name: [Full Name of Deceased]

Account/Member Number: [Account Number]

To Whom It May Concern,

This letter is to formally request a verification of the survivor pension benefits currently being paid to [Full Name of Survivor]. This documentation is required for [state purpose, e.g., mortgage application, income verification, legal proceedings].

Please provide a formal statement or letter including the following details:

- The start date of the survivor benefit payments.
- The gross monthly benefit amount.
- The net monthly benefit amount after deductions.
- A breakdown of any deductions (taxes, insurance, etc.).
- The frequency of payments.
- Information regarding any scheduled Cost of Living Adjustments (COLA).
- Whether the benefits are guaranteed for life or have an expiration date.

Please send this verification letter to:

[Recipient Name/Organization]

[Mailing Address]

[City, State, Zip Code]

[Email Address/Fax Number, if applicable]

If you require any additional authorization or have questions regarding this request, please contact me at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Printed Name of Survivor/Authorized Representative]