

[Pension Provider Name]
[Provider Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Mortgage Lender Name]
[Lender Address]
[City, State, Zip Code]

**RE: Pension Income Verification for [Member Name]
Account/Member ID: [ID Number]**

To Whom It May Concern,

This letter is to verify the pension benefits for [Member Name]. Our records confirm that the aforementioned individual is a recipient of a pension managed by [Pension Provider Name].

The details of the pension benefit are as follows:

- **Original Commencement Date:** [Date benefits started]
- **Current Gross Monthly Amount:** \$[Amount]
- **Net Monthly Amount:** \$[Amount]
- **Frequency of Payment:** [Monthly/Bi-Weekly]
- **Type of Pension:** [Defined Benefit / Lifetime Annuity / Other]
- **Benefit Duration:** [Life / Specified End Date / Certain Years]
- **Cost of Living Adjustments (COLA):** [Yes/No]

We confirm that these payments are currently active and are scheduled to continue for the duration of the member's life, unless otherwise specified above.

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

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Pension Provider Name]