

[Date]

[Recipient Name/Organization]

[Department]

[Street Address]

[City, State, Zip Code]

Subject: Verification of Pension Income for [Pensioner Full Name]

To Whom It May Concern,

This letter serves as official verification of the pension benefits currently being paid to the individual listed below:

- **Pensioner Name:** [Full Name]
- **Pension Account Number:** [Account/ID Number]
- **Date of Birth:** [MM/DD/YYYY]
- **Benefit Start Date:** [Date]

The current payment details are as follows:

- **Gross Monthly Amount:** \$[Amount]
- **Net Monthly Amount:** \$[Amount]
- **Payment Frequency:** [e.g., Monthly/Bi-weekly]
- **Next Scheduled Cost of Living Adjustment (COLA):** [Date/None]

This pension is [Permanent/Temporary] and is scheduled to continue until [Date or "Lifetime"].

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

Sincerely,

[Signature]

[Printed Name]

[Title]

[Pension Fund/Organization Name]