

# PENSION INCOME VERIFICATION

Investment    OR     Pension    OR     Annuity Verification  
*(To be completed by insurance agent)*

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FROM: \_\_\_\_\_  
 \_\_\_\_\_

RE: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Additional Information \_\_\_\_\_

All information is confidential.  
 Please contact \_\_\_\_\_ at  
 ( ) \_\_\_\_\_ if you have any questions.  
 Thank you for your prompt response.

## PERMISSION FOR RELEASE OF INFORMATION

**You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**  
 Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

\_\_\_\_\_  
 Signature Date

## INSURANCE AGENT/ADMINISTRATOR – PLEASE COMPLETE APPLICABLE SECTIONS

Type of Account:     Fixed     Deferred    Market Value:    \$ \_\_\_\_\_  
                            Variable     Life            Surrender of Withdrawal Fee:    \$ \_\_\_\_\_  
                            Other \_\_\_\_\_

Is this person receiving regular payments?     Yes     No

If **YES**, what is the gross amount? \$ \_\_\_\_\_ per (*circle one*) Month / Quarter / Other \_\_\_\_\_  
 Date benefits began: \_\_\_\_\_ Effective date of current amount \_\_\_\_\_  
 Deductions from gross amount for medical insurance premiums: \$ \_\_\_\_\_  
 Total amount holder has invested in this account:    \$ \_\_\_\_\_  
 Total amount holder has received in payments to date:    \$ \_\_\_\_\_

If **NO**, does the holder receive interest income?     Yes     No     Reinvested into account

If **YES**, or reinvested into account, what is the interest rate? \_\_\_\_\_%

*If variable, provide current rate*

Is the holder able to withdraw the balance of the annuity/account?     Yes     No

If **YES**, what is the amount? \$ \_\_\_\_\_ What is the tax rate? \_\_\_\_\_%

What is the tax penalty, if any \_\_\_\_\_

Is the individual reimbursed for medical costs?     Yes     No

Signature of Agent/Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.