

2016

VERIFICATION OF RECEIPT OF PENSION BENEFIT PAYMENTS

**IMPORTANT NOTICE**

The Pension Office of the City of Miami General Employees' & Sanitation Employees' Retirement Trust Pension Fund (GESE Pension Office) has been instructed by the Board of Trustees to establish a procedure by which the GESE Pension Office solicits on a bi-annual basis the signature of its retirees/recipients to confirm proper receipt of pension benefit payments.

**Please verify below by your signature that you received all of your pension benefit payments for the last calendar year.**

_____ Signature (Retiree/Recipient)	_____ SS No. (last 4 digits only)	_____ Date
_____ Print Name	_____ Home Telephone No.	_____ Cellular Telephone No.
_____ Current Home Address		_____ E-Mail Address
Current Marital Status:    _____ Single	_____ Married	_____ Divorced
		_____ Widowed

**Witness to the signature of retiree/recipient:** \_\_\_\_\_  
(if possible)

_____ Signature of Witness	_____ Relationship of Witness	_____ Date
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_____ Print Name of Witness	_____ Address of Witness	_____ Telephone No. of Witness	_____ E-mail Address of Witness
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**Comments:** \_\_\_\_\_

**If retiree/recipient is unable to sign this form:** \_\_\_\_\_

_____ Signature of Person (Other than retiree/recipient)	_____ Relationship	_____ Date
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_____ Print Name	_____ Address	_____ Telephone No.	_____ E-Mail Address
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**Please explain retiree's/recipient's inability to sign this form:**  
\_\_\_\_\_  
\_\_\_\_\_

**If a Power of Attorney exists, please provide a copy with this form. (If not previously provided.)**

**If you are signing as a Power of Attorney, please acknowledge receipt of all your pension payments.**

\_\_\_\_\_  
Signature

**This form MUST be returned within thirty (30) days to avoid possible delay in the mailing of future pension checks. Please email (aimee@gese.org), fax or mail to the address below.**