

VERIFICATION OF RECEIPT OF PENSION BENEFIT PAYMENTS

FINAL NOTICE - FORM MUST BE RETURNED BY AUGUST 31, 2023

BY SIGNING YOU ACKNOWLEDGE RECEIPT OF YOUR BENEFIT PAYMENTS FOR THE YEAR 2022.



“The individual must comply and respond or otherwise their pension may be suspended.”

The Board of Trustees are under fiduciary duties to ensure that only those entitled to pension benefits are receiving benefits; therefore, the Board has established a procedure by which the Administrator solicits on a biennial basis the signature of its retirees/recipients to confirm and verify proper receipt of pension benefit payments as approved by the Board.

INFORMATION OF RETIREE/RECIPIENT

| | | | | | | | | |
|--|-------|--------------------------|--|--------------------------|-----------|--------------------------|----------|--------------------------|
| PRINT FIRST, MIDDLE, & LAST NAME OF RETIREE / RECIPIENT: | | | LAST 4 DIGITS OF RETIREE / RECIPIENT SOCIAL SECURITY NUMBER: XXX - XX - _____ | | | | | |
| RETIREE / RECIPIENT CURRENT ADDRESS: | | | HOME PHONE NUMBER: | | | | | |
| | | | CELLULAR PHONE NUMBER: | | | | | |
| CITY | STATE | ZIP CODE | PLEASE INDICATE TYPE OF ADDRESS: HOME <input type="checkbox"/> MAILING <input type="checkbox"/> | | | | | |
| RETIREE / RECIPIENT E-MAIL ADDRESS: | | | | | | | | |
| CURRENT MARITAL STATUS: SINGLE: | | <input type="checkbox"/> | MARRIED: | <input type="checkbox"/> | DIVORCED: | <input type="checkbox"/> | WIDOWED: | <input type="checkbox"/> |

SPOUSAL INFORMATION

| | |
|---|------------------------|
| FIRST, MIDDLE, LAST NAME OF SPOUSE-IF APPLICABLE: | SPOUSE'S PHONE NUMBER: |
|---|------------------------|

ANY WITNESS TO SIGNATURE OF RETIREE/RECIPIENT

| | | | | | |
|-------------------------------------|-------|----------|-------------------------|--|--|
| PRINT FIRST & LAST NAME OF WITNESS: | | | SIGNATURE OF WITNESS: | | |
| WITNESS COMPLETE MAILING ADDRESS: | | | WITNESS PHONE NUMBER: | | |
| CITY | STATE | ZIP CODE | WITNESS E-MAIL ADDRESS: | | |

EMERGENCY CONTACT / POWER OF ATTORNEY

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|--|--|
| CONTACT NAME: | IF RETIREE / RECIPIENT IS UNABLE TO SIGN FORM, PLEASE PROVIDE BRIEF EXPLANATION: |
| CONTACT PHONE NUMBER: | |
| CONTACT E-MAIL ADDRESS: | |
| SIGNATURE OF POA (ONLY IF APPLICABLE): | DATE SIGNED: |

If a copy of a Power of Attorney (POA) has not been provided, please provide one with this form.

SIGNATURE

The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

| | |
|----------------------------------|--------------|
| SIGNATURE OF RETIREE / RECIPIENT | DATE SIGNED: |
|----------------------------------|--------------|

EMAIL TO: ALIBEL.S@GESE.ORG FAX OR MAIL TO THE ADDRESS BELOW

OFFICIAL USE- GESE STAFF ONLY

| | | | |
|----------------|--------|------------------|----------------------|
| RECEIVED DATE: | STAFF: | REQUIRED CHANGE: | CHANGE COMPLETED BY: |
|----------------|--------|------------------|----------------------|

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