VERIFICATION OF RECEIPT OF PENSION BENEFIT PAYMENTS

COMPLETED FORM MUST BE RECEIVED BY MAY 31, 2025

SIGN BELOW TO ACKNOWLEDGE RECEIPT OF YOUR BENEFIT PAYMENTS FOR THE YEAR 2024.

"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 ☐ MAILING ☐
RETIREE / RECIPIENT E-MAIL ADDRESS:			

ANY WITNESS TO SIGNATURE OF RETIREE / RECIPIENT

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

EMERGENCY CONTACT / POWER OF ATTORNEY

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:**

PLEASE 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: