

RETIREMENT/PENSION VERIFICATION FORM

To be completed by retired officer (applicant):

To: Law Enforcement Pension Fund Administrator

From: _____ (Your Full Name) _____ (Social Security No.)

Re: Request for verification of retirement status.

Please complete the following requested information and return to my address:

Mail to: _____

 (Signature) (Date)

****If you worked for more than one agency or did not become vested in a pension system, you must provide letter(s) from each law enforcement agency you worked for showing:**

1. an aggregate of 15 years of service,
2. stating you left in good standings,
3. retired for reasons other than mental instability, and
4. the reason why you did not participate in a retirement system.

If the letter(s) does not include ALL of the above information, your entire application will be returned as incomplete.

To be completed and signed by representative of the pension plan and/or retiring department:

I _____, _____ do hereby certify that
 _____ (Name) _____ (Title)
 _____, is retired in good standing from service with the
 _____ (Applicant's Name)
 _____ for other than reasons of mental instability.
 _____ (Name of L. E. Agency)

Accordingly, the above named applicant has a nonforfeitable right to retirement benefits from the
 _____ Pension Fund/System.
 _____ (Name of Fund)

I further certify that the applicant was regularly employed as a law enforcement officer; either (please check one):

for an aggregate of 15 years or more; or

_____ years. Attached letter(s)

the applicant retired due to a service related disability which occurred after the applicant completed any applicable probation.

I solemnly swear or affirm under the penalties of perjury that I have the authority to certify the information provided in this questionnaire is true to the best of my knowledge, information and belief.

 Print Name Signature

 Title Date