

**INFORMATION VERIFICATION OF PENSION RECIPIENT**

Dear Retiree:

To comply with audit requirements, you are asked to provide this office with current information. Please complete the fields below, sign and return this form to our office before Friday April 01, 2005. This form MUST BE SIGNED AND ATTENDED TO BEFORE A NOTARY PUBLIC.

IT IS URGENT THAT THIS INFORMATION BE COMPLETED AND RETURNED TO OUR OFFICE PROMPTLY. FAILURE TO COMPLETE AND RETURN THIS FORM COULD RESULT IN SUSPENSION OF PENSION AND/OR BENEFITS.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

RETIREMENT NUMBER: \_\_\_\_\_

SIGNATURE OF PENSION RECIPIENT: \_\_\_\_\_

(P.O.A. / Conservator / Guardian up-to-date paperwork is required prior to acceptance of this form)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me personally appeared the above named, known to me to be the person described herein and who executed the foregoing signature.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

My commission expires: \_\_\_\_\_

Mail this completed form to the:

**WAYNE COUNTY EMPLOYEES' RETIREMENT SYSTEM  
28 WEST ADAMS  
SUITE 1900  
DETROIT, MI 48226**