



## Information Verification Form 2021

The purpose of this form is to verify vital information pertaining to Wayne County retirees. 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 within 45 days of the date of this letter. Failure to respond may result in suspension of pension and/or benefits. If you have any questions, please call (313) 224-5890 or (313) 224-5891.

### Information About You:

_____ Print Full Name (first, mi, last)		_____ Social Security Number
_____ Date of Birth		_____ Daytime Phone Number
_____ Street Address		_____ Email Address
_____ City	_____ State	_____ Zip Code
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
(date _____)		(date _____)

### Information About Your Spouse/Beneficiary:

_____ Full Name (first, mi, last)	_____ Social Security Number
_____ Date of Birth	

### Signature and Witness:

The information I completed above is correct to the best of my knowledge. I am aware that providing incorrect information to the Wayne County Employees' Retirement System will delay the processing of my pension and/or benefits. This document must be signed, witnessed, and dated. **Please remember to provide us with any change in your information.**

_____ Member/Personal Representative Signature	_____ Date	_____ Witness Signature	_____ Date
<input type="checkbox"/> Personal Representative Printed Name		_____ Witness Printed Name	

### Power of Attorney / Conservator / Legal Guardian:

If you are the personal representative of a Wayne County retiree or the spouse who is receiving beneficiary monies, you must provide our office with a copy of acceptable court papers designating you as the representative. Failure to comply may result in suspension of pension and/or benefits.