SEAFARERS PENSION PLAN

5201 Capital Gateway Drive • Camp Springs, MD 20746 • P: (800) 252-4674 (Option 2) • F: (301) 702-6074 • www.seafarers.org

PENSION VERIFICATION AUTHORIZATION FORM

This form is for a Pensioner in the Seafarers Pension Plan ("Plan") to authorize the Plan to release information regarding his or her pension benefits to any individual or organization on his or her behalf. Please complete the entire form. Section 3 of the form must be signed by you. Return the form by: email: pensions@seafarers.ora; fax: (301) 702-6074; or mail: Pension Department, 5201 Capital Gateway Drive, Camp Springs, MD 20746

1 Pensioner's Information			Pension Verification Requester's Information		
Each time that you require verification must complete another form:	n of your pension bend	efit income, you	☐ Organization ☐ Individual		
Full Name (First, N	Middle Initial, Last)		Pension Verification Requester Name		
XXX-XX-					
Social Security Number	Date of Birth	Age	Mailing Address		
Mailing Address			City	State	Zip Code
City	State	Zip Code	Contact Phone Number	Fax Number	
Cell Phone Number	Home Phone Number		Email		
Em	nail				
benefits in Section 2. I understand that pension benefits is required and will no	at this pension verifica ot carry forward to futo true and correct, and I	tion authorization ure requests.	pension benefits to the organization or in it is a one-time request which must be consistent on the information with the understanding the	ompleted each time	verification of my
Pensioner's Signature		Date Signe	<u></u>		

IMPORTANT NOTE: If there has been a change in your marital status or designated beneficiary, update your information with the Plan immediately. You may request the Seafarers Pension Plan's beneficiary form by calling (800) 252-4674 (Option 2), you can also find it online at www.seafarers.org under About, or at your local port.