



SEAFARERS PENSION PLAN

PENSION CERTIFICATION FORM

Instructions:

This form is for you to verify that you are receiving your monthly pension benefits. Fill out the entire form, provide any required documents, and remember to sign and date it in front of a Notary Public or Plan Representative. Return your completed form to the Plan by email, fax, or mail.

More information about your benefits, visit us online at www.seafarers.org/plans, which is immediately updated whenever there is a benefit change.

Contact Us

If you need any assistance with the form or **you are not receiving your monthly benefits**, contact the Pension Department at pensions@seafarers.org or (800) 252-4674 (Option 2). Please return your completed form to:

Email: map@seafarers.org

Fax: (301) 702-6061

Mail: Member Assistance Program
5201 Capital Gateway Drive
Camp Springs, MD 20746

SECTION 1 Participant Information

Pensioner Name:			SSN or ITIN: XXX-XX-	DOB:
Address Line 1:			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	
Address Line 2:			Cell Phone:	Home Phone:
City:	State:	Zip Code:	Email:	

Are you the Spouse of a deceased Pensioner?

If you are a widow(er) receiving a Survivor Annuity as the surviving spouse of a deceased pensioner, please provide the deceased's information below:

Deceased's Name:	SSN or ITIN:	DOB:
------------------	--------------	------

Attention: Does someone else legally act on your behalf?

If someone else is legally authorized to act on your behalf, please complete Section 2 and provide a copy of the following document(s):

Power of Attorney (POA)

Letter of Guardianship

SECTION 2 Power of Attorney (POA) or Guardian Information

POA or Guardian Full Name:			Relationship:
Address Line:			Cell Phone:
City:	State:	Zip Code:	Email:

SECTION 3 MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC OR PLAN REPRESENTATIVE

SECTION 3 Pensioner Authorization

I certify that the above information is true and correct and that I am receiving my pension benefits each month. I have provided this information with the understanding the Seafarers Pension Plan will rely on the information for verification of benefits under the Rules and Regulations of the Plan.

Pensioner Signature:	Date Signed:
----------------------	--------------

SECTION 4 Verification by Notary Public or Plan Representative

On this the _____ day of _____, 20____, before me, _____, the undersigned, personally appeared _____, satisfactorily proven to be the person named in and personally signed, sealed, and delivered this Pension Certification Form as his or her act and deed.

Notary Public or Plan Representative Signature:	Date Signed:
---	--------------