

2018 Reporting Form – Due by January 31, 2018

All persons are required to complete and return the properly NOTARIZED form:

Seattle Police Pension Fund
PO Box 94729
Seattle, Washington 98124-4729
Email: policepension@seattle.gov OR Fax: 206-386-9075

****KEEP A COPY FOR YOUR RECORDS****

1. I, _____,
(Your Last Name, First name, Middle)

I hereby certify that I receive a pension allowance from either the State of Washington, the City of Seattle, or both, as authorized under Title 41, Washington State Law.

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

2. MY CURRENT LIVING SPOUSE:

Living Spouse's Name _____

Living Spouse's Date of Birth _____ Date of Marriage _____

Dependents' Name(s) & Date of Birth _____
(under the age of 18 only, biological & legally adopted only. Legal custody & Guardianships do not apply)

3. Dated this _____ day of _____, 20____.

SIGNATURE _____
(Sign only when in front of a Notary)

***** **NOTARY** *****

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS _____ day of _____, 20____.

NOTARY SIGNATURE _____

Printed _____

NOTARY PUBLIC IN AND FOR THE STATE OF _____

RESIDING AT _____