

ALL PERSONS RECEIVING A PENSION ALLOWANCE ARE REQUIRED TO COMPLETE THE FOLLOWING STATEMENT AND RETURN IT

PROPERLY NOTARIZED TO:

Seattle Police Pension Fund
PO Box 94729
Seattle, Washington 98124-4729
206-386-1287

Reporting for 2015

1. 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 _____

Phone _____ My Social Security No. is _____

Cell Phone _____

E-mail address _____

2. INFORMATION CONCERNING MY CURRENT LIVING SPOUSE

Living Spouse's Name _____

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

Living Spouse's Social Security No. _____

Dependents' Names and Dates of Birth _____
(a child under the age of 18)

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

SIGNATURE _____

***** **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 _____