

SEATTLE POLICE PENSION OFFICE - REPORTING FORM - 2017

**ALL PERSONS ARE REQUIRED
TO COMPLETE AND RETURN THE PROPERLY NOTARIZED FORM TO:**

Seattle Police Pension Fund Phone: 206-386-1287
PO Box 94729
Seattle, Washington 98124-4729
Email: POLICEPENSION@SEATTLE.GOV OR Fax: 206-386-9075 IS ALLOWED

****DUE BY JANUARY 31, 2017** **KEEP A COPY FOR YOUR RECORDS****

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 _____

Home Phone _____ 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' Name(s) 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 _____