



District of Columbia Retirement Board (DCRB)

Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001

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www.dcrb.dc.gov

Verification of Pension Benefits

Section I: Annuitant Information—Authorization to Release Information

Annuitant Name (please print/type): _____
First Middle Last

Social Security Number : _____ - _____ - _____ Date of Birth: _____

Please release information to the following institution:

Institution: _____

Contact Name: _____ Phone Number: _____

Address: _____
Street City State Zip

I hereby request and authorize DCRB to release the benefit information indicated on this form to the indicated third party.

Annuitant Signature: _____ Date: _____

(Must be signed by the annuitant to authorize the request, unless an authorization letter was received.)

Authorization Letter Received: ☐ Yes ☐ N/A

Section II: Benefit Information

Is the retiree/annuitant receiving benefit payments? ☐ Yes ☐ No

If paid benefits, how are the benefits paid? ☐ Annually ☐ Monthly ☐ Weekly

Appointment Date: _____ ☐ N/A

Retirement Date: _____ Current Gross Benefit Amount: \$ _____

Duration of Pay: ☐ Life Annuity ☐ Other (explain) _____

Notes:

DCRB Representative

Title

DCRB Representative Signature

Date



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Revised 06/2014