



District of Columbia Retirement Board (DCRB)

Benefits Department

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

Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001

Verification of Annuity

INSTRUCTIONS: Please use this form to request a verification of your retirement or survivor annuity that is paid to you under the District of Columbia Police Officers and Firefighters' Retirement Plan or the District of Columbia Teachers' Retirement Plan. You may choose to have the completed form mailed, emailed, or faxed to you. If you choose mail or email, DCRB will use your contact information currently on file with DCRB. If you need to update your contact information, please visit www.dcrb.dc.gov. If you choose to have DCRB fax you the completed form, please provide a fax number below. Please allow at least ten (10) to twenty (20) business days for a response. DCRB will not send the completed form to outside third parties.

If you have any questions, please contact our Member Services Center at (202) 343-3272 or toll-free at (866) 456-3272.

Section I: Annuitant* Information

Plan: Police Officer Firefighter Teacher

EmplID: _____ (please see your earnings statement or contact DCRB's Member Services)

Date of Birth: _____ Last 4 of Social Security Numbers: _____

First Name: _____ MI: _____ Last Name: _____

Primary Phone Number: _____

Method of Delivery: Email US Mail Fax: _____

*This also includes an alternate payee who is receiving a portion of a retirement annuity.

I hereby request and authorize DCRB to release the annuity information indicated on this form.

Annuitant Signature: _____ Date: _____

(This form must be signed by the annuitant. If you are requesting information as the authorized representative of an individual, please indicate your relationship and be aware that DCRB must have an approved authorization on file before processing your request. If DCRB does not have the approved authority on file, you will need to submit the supporting documentation for review by DCRB. This will delay the processing of the request.)

Section II: Annuity Information (completed by DCRB)

Is the annuitant receiving annuity payments? Yes No

Appointment Date: _____ N/A Benefit Commencement Date: _____

Current Gross Monthly Annuity Amount: _____

Duration of Payments: Lifetime Other (explain below)

Notes:

DCRB Representative

Title

DCRB Representative Signature

Date