



**District of Columbia Retirement Board
(DCRB) Benefits Department**
900 7th Street, NW, 2nd Floor • Washington, DC 20001
(202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001

Annuitant Verification of Annuity Payments

This form is used by Annuitants of the District of Columbia Police Officers and Firefighters' and Teachers' Retirement Plans to verify their continued eligibility for, and receipt of, their annuity payments. By signing this form, you are verifying that the information you are providing is correct, current, and that you are receiving annuity payments that you are entitled to as an eligible Annuitant. This form must be signed in front of a Notary Public. Please see the attached instructions for more information.

Section I: Annuitant Information

Name: _____ Last 4 Digits of SSN: _____ Date of Birth _____ Employee ID: _____

Retired: ☐ Police Officer ☐ Firefighter ☐ Teacher **Survivor:** ☐ Police Officer ☐ Firefighter ☐ Teacher

Current Mailing Address: _____
Street City State Zip Code

Current Phone Number: _____ Email, if any: _____

If the above address, phone number, or email is new and you would like your contact information on record with DCRB to be updated, please indicate: Address ☐ Phone Number ☐ Email ☐

Section II: Authorized Representative

THIS SECTION IS ONLY TO BE COMPLETED BY THE ANNUITANT'S AUTHORIZED REPRESENTATIVE IF THE ABOVE ANNUITANT IS UNABLE TO SIGN

Representative Name: _____ Phone Number: _____

Mailing Address: _____
Street City State Zip Code

Relationship to Annuitant: ☐ POA ☐ Guardian ☐ Conservator ☐ Representative Payee ☐ Other Fiduciary

You must include a copy of the document authorizing you to act on behalf of the Annuitant.

Reason Annuitant Cannot Sign: _____

Section III: Verification

I understand that any knowingly false statements, representations, or evidence may subject me to civil liability, including treble damages, under the False Claims Act, 31 USC 3729-3731, and criminal penalties under 18 USC 1001 and 1002 (\$10,000 fine and/or five years imprisonment).

If you are the Annuitant (sign and date form in front of a Notary Public):

By signing below, I acknowledge and understand that I am verifying the information stated above as true and correct and that the named Annuitant is receiving monthly annuity payments that he/she is entitled to under the either the District of Columbia Police Officers and Firefighters' Retirement Plan or the District of Columbia Teachers' Retirement Plan.

Annuitant Signature: _____ Date: _____

If you are the Annuitant's Authorized Representative (sign and date form in front of a Notary Public):

By signing below, I acknowledge and understand that I am verifying the information stated above as true and correct and that the named Annuitant is receiving monthly annuity payments that he/she is entitled to under the either the District of Columbia Police Officers and Firefighters' Retirement Plan or the District of Columbia Teachers' Retirement Plan.

Representative Signature: _____ Date: _____

Notary Public Acknowledgement

State of _____ County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

Signature of Notary

Commission Expires

(SEAL)



Annuitant Verification of Annuity Payments Information and Instructions

Purpose of This Form

This form is used to verify that the individual receiving annuity payments under either the District of Columbia Police Officers or Firefighters' Retirement Plan or the District of Columbia Teachers' Retirement Plan is the entitled Annuitant.

Instructions

1. **Complete the Annuitant Information in Section I.** Please include any updated contact information so DCRB may update your information on record.
2. **Complete Section II if you are the Annuitant's authorized representative.** Please include a copy of the Power of Attorney, Guardianship or Conservatorship Order, Representative Payee, or other fiduciary document under which you were appointed as the Annuitant's representative. If your document is not on record with DCRB as being previously approved, DCRB will review the document to determine if it is acceptable and will update the Annuitant's records accordingly. Please be aware that as the Annuitant's representative, you are acting as the Annuitant's fiduciary with respect to his/her annuity payments. You are also acknowledging that the Annuitant is living. If the Annuitant is deceased, or when the Annuitant becomes deceased, you must immediately notify DCRB and return any annuity payments received after the Annuitant's death. Failure to do so may result in overpayments for which you will be responsible for repaying. You must also immediately notify DCRB of any changes in your or the Annuitant's contact information, or if you are no longer acting as the Annuitant's authorized representative.
3. **Sign the completed form in Section III where indicated.** You must sign and date the form in front of a Notary Public. If you need assistance in locating a Notary Public, please call DCRB Member Services Center at (202) 343-3272 (toll free 866-456-3272).
4. **Return the original signed and notarized form to DCRB.** You should keep a copy for your records. If you are signing as the Annuitant's representative, you must include your authorizing document. If you would like to appoint a Power of Attorney to act on your behalf with respect to your annuity, please use DCRB's Power of Attorney form available on DCRB's website. <https://dcrb.dc.gov/service/special-forms>.

District of Columbia Retirement Board
Attention: Member Services (AV project)
900 7th Street, NW, 2nd Floor
Washington, DC 20001

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