



**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 Receipt of Annuity Payment**

*I verify that the information listed below is correct and that the annuitant indicated below receives a monthly annuity payment. I understand that if there are future changes to any of the information listed below, I should notify the D.C. Retirement Board as soon as possible.*

*I understand that this information is being submitted by me to affect action by the U.S. Department of the Treasury and the D.C. Retirement Board. I further 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). I state under penalty of perjury that the foregoing is true and correct as executed on \_\_\_\_\_ Date.*

**Section I: Annuitant Verification**

Name: \_\_\_\_\_

Last 4 Digits of Annuitant's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Annuitant Signature: \_\_\_\_\_  
*(This document must be signed in the presence of a Notary Public.)*

**Section II: Representative Verification**

**IMPORTANT: THIS SECTION IS ONLY TO BE COMPLETED BY A REPRESENTATIVE IF THE ANNUITANT CANNOT SIGN ABOVE.**

Reason Annuitant Cannot Sign: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Representative Signature: \_\_\_\_\_  
*(This document must be signed in the presence of a Notary Public.)*

**Section III: Notary Public Verification**

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\_\_\_\_\_. (SEAL)

Signature of Notary \_\_\_\_\_ Commission Expires \_\_\_\_\_

**Revised 07/2011**