☐ **Investment** ☐ **Pension** ☐ **Workers Compensation** ☐ **Annuity Verification**

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO:

_____

_____

_____

FROM/RETURN TO:

_____

_____

_____

E-Mail: _____Fax:_____

RE:

_____
Name

_____
Social Security Number

Thank you for your prompt response. All information is confidential.

Please contact _____

at _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

_____ Signature

_____ Date

THIS SECTION TO BE COMPLETED BY 401 ADMINISTRATOR

Type of account: ☐ Fixed ☐ Deferred ☐ Variable ☐ Workers Compensation ☐ Life ☐ Other ___

Market Value: $ _____

Surrender or Withdrawal Fee: $ _____

Is this person receiving regular payments? ☐ Yes ☐ No

If yes, what is the gross amount? $_____ per (circle one) Month / Quarter / Other _____

Date benefits began: _____ Effective date of current amount: _____

Ending date if known:_____

If no, does the holder receive dividends/interest income? ☐ Yes ☐ No ☐ Reinvested into account

If yes or reinvested into account, what is the interest rate? _____% ☐ Fixed ☐ Variable

If variable, provide current rate.

Is the holder able to withdraw the balance of the annuity/account? ☐ Yes ☐ No

If yes, what is the amount? $_____ What is the tax rate? _____%

What is the tax penalty, if any _____

Is the individual reimbursed for medical costs? ☐ Yes ☐ No

_____ Signature _____ Printed Name _____ Date

_____ Address/ City/State/Zip

_____ Phone # _____ Fax # _____ E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

☐ 1st Request _____

☐ 2nd Request _____

☐ 3rd Request _____

Fax #: _____

Attn: _____