



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
www.dcrb.dc.gov

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 \_\_\_\_\_

Today's Date

Section I: Annuitant Verification

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Last 4 Digits of Annuitant's SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Section II: Report Change of Address/Contact Information

Only complete this section if you need to report a change of address or other contact information.

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

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Annuitant Signature: \_\_\_\_\_
(By providing your signature, you request DCRB to change your address of record as indicated.)

Section III: Representative Verification

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

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

Representative Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Representative Signature (This document must be signed in the presence of a Notary Public.) Relationship to Annuitant

Section IV: 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 \_\_\_\_\_

