Request for Retirement Income Verification

Employees' System

Police Officers System

Uniformed System

Please use the following information to send a letter stating my current monthly retirement income.

Name:	Social Security #
(please print)	(last 4 digits)
Home Address:	
Phone Number(s):	
E-mail Address:	

Please fax the letter to an individual or a company if specified below and mail the original letter to my home address.

Company:	
Attention:	
Fax Number:	

Signature: _	Date:

Please return this form to:



Fairfax County Retirement Systems 12015 Lee Jackson Memorial Hwy. * Suite 350 * Fairfax, VA 22033 703-279-8200 * TTY: 711 * 1-800-333-1633 * Fax: 703-653-9543 www.fairfaxcounty.gov/retirement/