



# GEORGIA MUNICIPAL ASSOCIATION

201 Pryor Street, SW • Atlanta, Georgia 30303 • Fax: 678-686-6244 • Email: adminretire@gacities.com

## Income Verification Request

Retiree Name:		SSN:	
Retiree Address:	City:	State:	Zip:
Person to whom verification should be sent:			
Address to send Verification to :	City:	State:	Zip:

Retiree Daytime or work phone number	Fax number if you wish the verification to be faxed
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I authorize the Georgia Municipal Association to release my benefit information to person listed above.

Payee Signature	Date
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**Retiree signature required to process verification.**

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(Fold on this line and insert in enclosed window envelope)  
Make sure address appears in the window