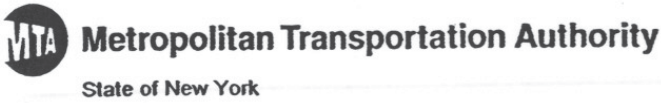


# MTA DEFINED BENEFIT PENSION PLAN



## AFFIDAVIT FOR VERIFICATION OF CONTINUED ELIGIBILITY OF PENSIONER

Your Name (First, Middle Initial, Last)		Last 4 of Social Security Number	
Address <input type="checkbox"/> If new Address, please check box _____ Street Apt No. _____ City State Zip Code		Date of Birth Month Day Year _____ _____ _____ Spouse's Name (If Applicable) _____	
Home Phone Number		E-mail Address	
Emergency Contact (Name)		Emergency Contact Phone#	

**TO BE SIGNED BEFORE A NOTARY/COMMISSIONER OF DEEDS, ORIGINAL FORM MUST BE RETURNED**

Signature of person receiving benefit

COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ IN THE YEAR 20\_\_\_\_ BEFORE ME PERSONALLY CAME \_\_\_\_\_, TO ME KNOWN, WHO BEING BY ME DULY SWORN, DID DEPOSE AND SAY THAT HE/SHE IS THE PENSIONER DESCRIBED ABOVE AND THAT HE/SHE SIGNED HIS/HER NAME IN THE SPACE ABOVE IN MY PRESENCE..

\_\_\_\_\_  
*NOTARY PUBLIC OR COMMISSIONER OF DEEDS  
(if you have an official seal, please affix it)*

PLEASE RETURN TO: MTA Consolidated Pensions -Commuter Rails  
2 Broadway, 10th Floor  
New York, NY 10004  
Phone:(646)376-0123