Pension Verification Request Form

(Please Print Clearly)

Section 1. To Be Completed by the FMC Retiree *(Retiree to Complete Section 1 & 2 Only)*

Retiree Name: _____ _____ _____
First *Middle* *Last*

Address: _____ _____
Street Address *Address Line 2 - Apt. No/Lot No.* *(If Applicable)*

_____ _____ _____
City *State* *Zip Code*

Telephone: (_____) _____ - _____ **Last 4 Digits of Social Security No. : XXX - XX - _____**

PERMISSION FOR RELEASE OF INFORMATION

I hereby authorize FMC to release my pension verification information to the agency or third party listed below. This authorization shall be valid until revoked by me in writing and provided directly to FMC Corporation HRSC.

_____ _____
FMC Retiree Signature *Date (mm/dd/yy)*

Section 2. Information Authorized To Be Released To:

Agency or Third Party Name : _____

Address: _____ _____
Street Address *Address Line 2 - Apt. No/Suite No.* *(If Applicable)*

_____ _____ _____
City *State* *Zip Code*

Attention: _____ **Telephone: (_____) _____ - _____**

RETURN FORM VIA: ***(Please Check Only One)***

☐ **Mail to address above** ☐ **Fax To: (_____) _____ - _____**

Section 3. To Be Completed by FMC Corporation HR Service Center (HRSC)

Type of Pension: ☐ **Individual Life Annuity** ☐ **Survivor/Beneficiary Annuity** ☐ **Other** _____

Gross Monthly Payment $ _____ **Benefit Start Date:** _____
(mm/dd/yy)

I verify that this information is accurate and true based on our current FMC pension payroll processing.

_____ _____
Signature **Date Completed** ***(mm/dd/yy)***

FMC Corporation
Human Resource Service Center
801 PrincetonSouth Corporate Center
Ewing, NJ 08628

Phone: 1-888-FMC-444U, Option 1 (or 1-888-362-4448, Option 1)
Fax: 1-866-917-3252