## Annuity, Stock Verification, or 401(k) Account

**Purpose:** To verify an applicant's or resident's annuity or stock benefits.

**Note:** This form must be mailed or faxed to the applicable plan administrator's office. The resident cannot "hand carry" the form.

## Special Mention:

- ► As a courtesy, include a self-addressed envelope.
- Please include a Quarterly Statement with the resident's package.

## Specific Instructions:

- 1. Enter name of property and unit number.
- 2. Enter address of plan administrator's office.
- 3. Enter your property's name and address (contact name and phone number is also helpful).
- 4. Enter name of the applicant or resident.
- 5. Enter account number.
- 6. Enter applicant's Social Security number.\*
- 7. Have the applicant/resident sign and date.
- \* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

## ANNUITY, STOCK VERIFICATION, or 401(k) ACCOUNT

Property Name: _	(1)			_ Unit:	(1)
TO:(2)			FROM:(3)		
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The individual listed bel Information provided wil				es verification	of income.
Please answer all question ("YTD"), previous year's cand frequency.	s clearly or indicate apital gains, and/or a	"N/A" if something ny other income ea	does not apply. Provide in rned. If distributions are b	nterest, dividend eing taken, plea	s year-to-date se indicate amount
Applicant's Name:	_(4)				
Account #:	(5)		Social Security	<b>#</b> :	(6)
My signature author			nation on this inquiry:		
, 3		'	. ,		
	(7)		(7)		
Signature of Applicant/Resident				)	
TO BE COMPLETED B	Y FINANCIAL EN	ITITY ONI Y			
Market Value:				\$	
Annual Dividends or Current Annual Yield:				\$	
Mandatory Distributions:				\$	
Frequency of Distributions (i.e. monthly, quarterly, etc.):					
Non-Mandatory Distributions:				\$	
Frequency of Distributions (i.e. monthly, quarterly, etc.):					
Can account holder access the funds in account?				☐ YE	S NO
If so, would there be a withdrawal penalty and/or taxes due?				☐ YE	S NO
Has this account been a	annuitized?	☐ YES	□ NO		
Authorized S	ignature	_	Title		Date
Print Name		_	Phone Number		