2025 Reporting Form - Due by June 30, 2025

All persons are required to complete and return the properly NOTARIZED form to:

Seattle Police Pension Fund PO Box 94729 Seattle, Washington 98124-4729

Email: policepension@seattle.gov OR Fax: 206-470-6900

KEEP A COPY FOR YOUR RECORDS

(Tour Last Name	First name	Middle
nereby certify that I receive a pension eattle, or both, as authorized under T	n allowance from <u>either</u> the State of W Fitle 41, Washington State Law.	ashington, the City o
Address		
City, State, Zip		
Home Phone	Cell Phone	
Email Address		
2. My Current Living Spouse:		
Spouse's Name		
	Date of Marriage_	
3. My Emergency Contacts (both I	must be living outside of your home	e) :
1) Name:	Relationship:	
Address		
City, State, Zip		
	Cell Phone:	
Email:		
2) Name:	Relationship:	
Address		
City, State, Zip		
, , , ,		
•	Cell Phone:	

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4. Power of Attorney Document(s):

complete copy of your POA to thi line. If you have updated your POA	ent on file at the Police Pension Of s document. If you have already se DA, we will need a copy. You can c all us at 206-684-3375 or email us a	ent us a copy, you initial the first ontact us directly to see if we have
Initial if you hav	e attached a copy of my complete F	Power of Attorney document(s)
Initial if Police P	ension has a copy of my current Po	DA dated
Initial here if you	do not have Power of Attorney do	cument(s).
	SIDED DOCUMENT MUST BE CO THE POLICE PENSION OFFICE I	·
Dated this	_ day of	, 20
NAME		
SIGNATURE		
(Sign	only when in front of a Notary)	
************	************** NOTARY ***********	************
SUBSCRIBED AND SWORN TO OR A	AFFIRMED BEFORE ME THIS	day of, 20
	NOTARY SIGNATURE	
	Printed	
	NOTARY PUBLIC IN AND FOR	THE STATE OF
	RESIDING AT	