WorkFor From Client File
Pension Benefit Information
PO Box 1389
Fort Washington, PA 19034

July 08, 2022
Reference # 0
Letter ID

114   T42   P89
FirstName MiddleName LastName
123 Sample St
New York, NY 12345

NVPERS
PUBLIC EMPLOYEES' RETIREMENT SYSTEM
DEDICATED TO THOSE WHO SERVE NEVADA

Dear FirstName MiddleName LastName:

WorkFor From Client File

Pension Benefit Information, LLC has been engaged by the organization above to update their benefit records. They are looking to contact the surviving spouse or other beneficiary of the person named above to provide important benefit information. Please confirm or update your current address so you can be contacted by the Plan Administrator.

Please do ONE of the following:

- **Visit** us at https://locate.pbinfo.com to confirm or update your information. You will need the reference number and letter ID at the top of this notice.
- **Call** us at (855) 607-4132 ext. 3101. We are available Monday - Friday from 8am - 5pm Eastern Time.
- **Complete** and return the form below in the envelope provided.

Your response is important. If we do not hear from you, you may not receive timely benefit information and you could miss important deadlines. By providing Pension Benefit Information, LLC with your personal information through one of the means described above, you consent to our collection of your personal information and direct us to disclose your personal information to the organization or plan above, its affiliate, or its service provider. This letter is being sent to you so that your benefit information can be distributed to you. Thank you for your cooperation. PBI's Privacy Policy is available at www.pbinfo.com/privacy-policy.

You can visit www.pbinfo.com/letter to get answers to our most frequently asked questions.

(Please return portion below in the enclosed envelope)

Check One

☐ The Address information at the right is correct

☐ The Address information at the right is incorrect. I have made changes to correct the information

☐ If the addressee is deceased, please supply beneficiary information below

Date of Death: _____

Beneficiary Name: _____

Relationship: _____

Beneficiary Address: _____

_____

_____

FirstName LastName
123 Sample St
New York, NY 12345

Corrected Address: _____

Reference # 0
Letter ID

_____

_____