

# Pension Payment Adjustment Acknowledgement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Pension Provider's Name]

[Pension Provider's Address]

[City, State, Zip Code]

Dear [Pension Provider's Name],

I am writing to acknowledge the receipt of information regarding the adjustment to my pension payment. I understand that the adjustment will take effect from [Insert Effective Date] and that my new monthly pension amount will be [Insert New Amount].

I appreciate your prompt communication regarding this change and would like to confirm that I have understood the implications of this adjustment.

If there are any further documents or actions required from my side, please do not hesitate to inform me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]