



Benefit Funds

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the _____ to release the following information relating to my pension to _____.

Name of Entity or Individual

- Monthly Pension Amounts
- Vesting, Service and Pension Credits
- Requesting a Pension Estimate
- Other (please explain)

I agree that I will release and hold harmless from any and all responsibility and liability the _____ for disclosure of my pension information. I further agree not to make a claim against the Plan for the release and disclosure of my pension information.

Print Name

Signature

Last four digits of Social Security Number: _____

Dated: _____