

# Troyan & Associates, P.A.

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PRACTICE DEDICATED TO PENSIONS / QDROs / VALUATIONS

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**To:**

**Re:**

**Social Security Number:**

This form will authorize \_\_\_\_\_ or its assigns to release any and all information regarding my pension benefit, credited service, compensation for pension purposes and any other information which is in any way pertains to my pension benefits.

This form also authorizes the disclosure of all data and statistics requested. Such disclosures shall include, but not be limited to, all documents, instruments, arrangements, statistics and compensation information, as well as other data deemed relevant to this exercise by the firm of Troyan & Associates, P.A. Please forward this information directly to:

Troyan & Associates, P.A.  
Attn: Rodney D. Troyan, Esq.  
560 Communications Parkway  
Sarasota, FL 34240  
Tel: 941.388.0556  
Fax: 941.388.0906  
E-Mail: info@TroyanLaw.com

\_\_\_\_\_  
Date

\_\_\_\_\_  
name

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_  
day of \_\_\_\_\_, 202\_\_ by  
\_\_\_\_\_.

\_\_\_\_\_  
*(please affix stamp)*

This authorization / release shall be valid until revoked, but under no circumstances for a period to exceed one year from the date executed.