

CONSENT FOR RELEASE OF INFORMATION

Date: _____

Participant Name: _____

RE (list all Plans for which consent is given): _____

TO WHOM IT MAY CONCERN:

I hereby give my consent for any person who has information regarding me, or any records relating to me and the above named Plan(s) to release any records and/or discuss any information regarding my account(s) in the above referenced Plan(s) with_____. This consent shall remain in effect for the earlier of one year from the date of my signature below or until revoked by my written notice.

Account Information Requested:

Account Balance/Estimate of Benefit as of a specific date (please provide the full date requested mm/dd/yyyy):

Other Information Requested (please be as specific as possible):

Date

Participant's Signature

On this, the ___ day of _____, 20__, before me, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes herein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

My commission expires: _____

SEAL