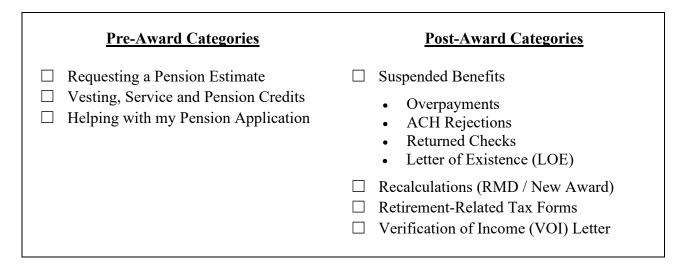


AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the IAM National Pension Fund ("Fund") to release the following information relating to my pension to ______.

(Name of Entity or Individual)

Please select *only* the option(s) applicable to your current concern or inquiry:



I agree that I will release and hold harmless from any and all responsibility and liability the IAM National Pension Fund for the release, disclosure, and use of my pension information.

I further agree not to make a claim against the Fund for the release, disclosure, and use of my pension information.

SIGNATURE

(Signature of Participant or Beneficiary)

(Print Name)

(Last four digits of Social Security Number)

(Date signed)

IAM National Pension Fund