



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:

<u>Pre-Award Categories</u>	<u>Post-Award Categories</u>
<input type="checkbox"/> Requesting a Pension Estimate	<input type="checkbox"/> Suspended Benefits
<input type="checkbox"/> Vesting, Service and Pension Credits	<ul style="list-style-type: none">• Overpayments• ACH Rejections• Returned Checks• Letter of Existence (LOE)
<input type="checkbox"/> Helping with my Pension Application	<input type="checkbox"/> Recalculations (RMD / New Award)
	<input type="checkbox"/> Retirement-Related Tax Forms
	<input type="checkbox"/> Verification of Income (VOI) Letter

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)

(Date signed)

(Print Name)

(Last four digits of Social Security Number)