



IAM NATIONAL  
PENSION FUND

## 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)*

- Monthly Pension Amounts
- Vesting, Service and Pension Credits
- Requesting a Pension Estimate
- Requesting Retirement-Related Tax Forms
- Helping Participant with their Pension Application
- Requesting a 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)*