

## AUTHORIZATION TO RELEASE PENSION INFORMATION

To: Retirement Plan Administrator  
4430 South Adams County Parkway  
Suite C3406  
Brighton, CO 80601-8202  
Phone No. (720) 523-6167 Fax (720) 523-6322

From: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Member's Name)

Re: Adams County Retirement Plan ("Retirement Plan")

This authorizes you to furnish and release the information described below to the following company(ies), organization(s), or individual(s) ("information recipient(s)"):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street/Mailing Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street/Mailing Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street/Mailing Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street/Mailing Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

You may release to the above information recipient(s) any information and records requested regarding my participation in the Retirement Plan including, but not limited to, the following:

- (1) a copy of the Retirement Plan and summary plan description;
- (2) confirmation of contributions made by me into the retirement fund;
- (3) names of my beneficiaries;
- (4) information with respect to any existing assignment or income assignment for child support purposes, writ of garnishment that is the result of a judgment taken for arrearages for child support or for child support debt, and/or domestic relations order relating to my retirement benefit, if applicable; and
- (5) information as to the amount of monthly retirement benefit I have accrued under the Retirement Plan, forms of payment available, and survivor benefits in the event of my death.

Copies of all written information released shall also be provided to me. Photocopies of this authorization are to be given the same effect as the original.

(Date)

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ to me known to be the identical person who subscribed his/her name to the foregoing instrument and acknowledged to me that he/she executed this instrument as his/her free and voluntary act and deed, for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, the day and year last written.

Notary Public

My Commission Expires: \_\_\_\_\_

(Notary Seal)