

AUTHORIZATION TO RELEASE PENSION INFORMATION

To: Retirement Plan Executive Director
4430 South Adams County Parkway
Suite C3406
Brighton, CO 80601-8202
Phone No. (720) 523-6167 Fax (720) 523-6322
Website www.acretirement.org

From: _____ Last 4 digits of SSN: _____
(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.

I understand that the actual information to be released will be determined at the sole discretion of the Retirement Plan Executive Director and nothing in this Authorization requires the Retirement Plan Executive Director to furnish any information that the Retirement Plan Executive Director determines to be inappropriate. Furthermore, I understand that any benefit information furnished will be based on data then reasonably available to the Retirement Plan Executive Director. I also understand that, unless revoked, this Authorization will remain valid as long as I am entitled to a benefit under the Retirement Plan. I may revoke this Authorization by submitting a written revocation to the Retirement Plan Executive Director.

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.

(Member's Signature)

(Date)

State of _____

County of _____

The foregoing authorization to release pension information was acknowledged before me on

_____, 20____

by _____.

(Notary's official signature)

(Title of Office)

(Commission Expiration)

(Notary Stamp)