



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
- ☐ Other (please explain) _____

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.

Print Name

Signature

Last four digits of Social Security Number: _____

Dated: _____