

AUTHORIZATION TO RELEASE
Pension/Salary/Benefits Information

NAME & ADDRESS OF PENSION PLAN

Re: Name: _____

SSN: _____

Member #: _____

This form will authorize you to release any and all information regarding my pension and retirement benefits, credited service, compensation, or any other benefits such as employee benefits plans, employee savings plans, stock ownership plans, defined contribution plans, I.R.A.s, 401(k) plans or any other employment benefit information as so asked on the accompanying interrogatory. This authorization permits you to forward this information directly to:

Ella Royzman, PLLC

1022 Avenue P, Brooklyn, New York 11223

Telephone: (718) 645-6030 - Fax: (718) 645-6030

Date: _____ Signed: _____

STATE OF NEW YORK)

) ss.:

COUNTY OF _____)

On the ____ day of _____, in the year _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person(s) upon behalf of which the individual(s) acted, executed the instrument.

Notary Public