



**LIMITED AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ (Employee), Social Security number (*last four digits*) \_\_\_\_\_, am now or have in the past been employed by \_\_\_\_\_ (Employer) and am a participant in, or am covered by, one or more of its pension, retirement, or other employee benefit plans.

I hereby authorize the Employer, its employee benefits department, or any other department, agent, officer, third party administrator or employee of Employer or the Plan Administrators of all such plans to provide copies of any and all documents relating or pertaining in any way to my employee benefits and retirement programs (including, without limitation, any and all pension, retirement, profit sharing, employee savings, 401(k), benefit, or similar plans of every type and description), employment history, compensation or retirement plan account balances and accrued benefit estimates to Attorney \_\_\_\_\_ and/or its agents, QDRO Partners, LLC, 175 S. 3rd St, Suite 200, Columbus, OH 43215, (p) 614-962-6900, (f) 614-852-4601. This authorization is limited to employment benefits and history and not to non-financial personnel records.

I request that a photocopy of this form shall have the same force and effect as the signed original. I authorize you to provide this information via phone, fax, or letter to my designated agents. This authorization will expire 365 days from the date of notarization.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
Employee Mailing Address

\_\_\_\_\_  
Employee Phone Number

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public.