



LIMITED AUTHORIZATION TO RELEASE IRA INFORMATION

I, _____ (hereinafter “Participant”),
Social Security number *(last four digits)* _____, own an IRA and/or other investments held with
_____ (“IRA Administrator”).

I hereby authorize the IRA Administrator, or any other department, agent, officer, third party administrator or employee of the IRA Administrator to provide copies of any and all documents relating or pertaining in any way to my accounts held with the IRA Administrator, including documents and information related to effectuating the transfer thereof due to a domestic relations action, to Benjamin Nyhan of QDRO Partners, LLC, 175 S. 3rd St, Suite 200, Columbus, OH 43215, (p) 614-962-6900, (f) 614-852-4601.

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, email or letter to my designated agents. This authorization will expire 365 days from the date of notarization.

(Signature of Participant)

Address of Participant

Phone Number of Participant

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

_____, Notary Public.