

TO WHOM IT MAY CONCERN:

RE: Name: Pensioner's Name
Social Security Number:
Pension Identification/Membership Number:

This form will authorize you to release any and all information regarding my pension benefit, credited service, compensation for pension purposes and any other information which is in any way relevant to my Deferred Pay Programs.

This authorization also includes, but is not limited to, any and all information regarding any other qualified or non-qualified plan or benefit to which I am now or could in the future become entitled to from this entity.

This form also authorizes the disclosure of all data and statistics requested regarding all direct and non-direct compensation programs in which I am currently, or have ever been a participant. This includes all direct or non-direct compensation programs in which I could participate upon attainment of a stated age or compensation level. Such disclosures shall include, but not be limited to, all documents, instruments, arrangements, statistics and compensation information, as well as other data deemed relevant to this exercise by the firm of Pension Evaluators at Troyan, Inc. Please forward this information directly to:

Pension Evaluators at Troyan, Inc.
P.O. Box 8722
Red Bank, NJ 07701

Date

Pensioner's Full Name

Notary