

**AUTHORIZATION TO RELEASE INFORMATION**

The undersigned hereby authorizes the American Federation of Musicians and Employers' Pension Fund (the "Fund") to release to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

information, records and/or other documentation or data, confidential or otherwise and in whatever form, concerning or related to my participation in the Fund or the benefits or credit that I have accrued thereunder (including, but not limited to, my earnings covered under the Fund, the form and amount of my current or future benefits under the Fund, any information or documents received about me or my beneficiaries from my employers, the union or any other source, or any other aspect of my involvement with the Fund).

I further authorize the use of a copy or fax of this authorization as if it were an original document.

I understand that the Fund will have no liability as a result of making any disclosure authorized above.

This authorization expires (check one):

- Upon the Fund's receipt of a written revocation by me; or
- Upon the following date: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant/Pensioner/Beneficiary

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**STATE OF** \_\_\_\_\_ )

: ss.

**COUNTY OF** \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_  
(Print document signer's name)

\_\_\_\_\_, known to me to be the individual described herein, who executed the foregoing Authorization.

\_\_\_\_\_  
Notary Public