



AUTHORIZATION FORM TO RELEASE PERSONAL INFORMATION

I, _____, hereby authorize the _____ (Print name of Participant)

- Boilermaker-Blacksmith National Pension Trust – Fax number: 913-281-5514
Boilermakers National Annuity Trust – Fax number: 913-281-2673
Employer Contributions Department – Fax number: 913-342-6575

IF REQUESTING INFORMATION FROM MORE THAN ONE DEPARTMENT FAX TO THE CUSTODIAN OF RECORDS AT: 913-342-0911

To release information concerning my:

- Hours and contributions for the time period
Annuity Plan Only - Current account balance
Pension Plan Only - My estimated monthly benefit as of
A. Based on Single Life Annuity with the 60 or 120 Certain Payment Options
B. Based on Husband and Wife Pension (Spouse Date of Birth:
Summary Plan Description
IRS Form 1099 for years:
Other item(s) not listed above:

Must choose

Send to the following person(s) by Mail Fax Email Phone (please select one)

Name: Relationship to Participant:
Law Firm or Organization (if applicable):
Street: City: State: Zip
Phone: Fax: Email:

This authorization is effective: (IF LEFT BLANK, AUTHORIZATION ONLY GOOD FOR ONE USE.)

- A. From to
B. For one year from the below signed date

Participant Name (print): Last 4 Digits of SSN:

Participant Address: Phone:

Participant Signature: Date:

Note: The Funds Office will only release information upon specific request and does not assume any on-going responsibility to provide information absent a specific request.

For Official Use Only

Completed by (please print) Signature Department Date