

BOILERMAKERS NATIONAL FUNDS

AUTHORIZATION TO RELEASE INFORMATION

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

- _____ Boilermaker-Blacksmith National Pension Trust
- _____ Boilermakers National Annuity Trust
- _____ Employer Contributions Department

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 _____

Must choose

- _____ *A. Based on Single Life Annuity with 60-Month Certain Pension*
- _____ *B. Based on Husband and Wife Pension (Spouse Date of Birth: _____)*
- _____ Summary Plan Description
- _____ Other item(s) not listed above:

To the following person(s):

Name (and affiliation): _____ Client: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

This authorization is effective: (MUST SELECT ONE)

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

**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.*

Participant Name (print): _____ SSN: _____

Participant Address: _____ Phone: _____

Participant Signature: _____ Date: _____

For Official Use Only

Date Request Received _____ Date Request Released _____

Document(s) released _____ Number of pages _____

Completed by (please print) _____

Signature _____ Department _____ Date _____