

Authorization to Release Information on Retirement Plans and Accounts

I, _____ hereby authorize the following employer and/or retirement plan to release any and all information regarding my Retirement Plan, Pension, Accrued Benefits and Accounts held by me:

(Name of Employer/Retirement Plan)

to the following in order to assist in quantifying the retirement plans and the identification of plan benefits:

[Toxby & Associates, Inc.](#)

355 South Teller Street · Suite 200 · Lakewood, CO 80226
Telephone (303) 231-1030 · FAX (303) 231-1033

This authorization shall include, but not be limited to; plan documents, summary plan descriptions, length of participation in the plan, benefit calculations and contribution history and any other information that may be required to identify the benefits accrued by the participant during employment, as well as information to assist in the drafting of the appropriate Court Order needed to accomplish a division of such plans, if needed.

Signature

Date

[Toxby & Associates, Inc.](#)

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