

RELEASE AUTHORIZATION

INSTRUCTIONS: Return the completed form to give authorization to release information to the person listed below.

Plan Name: _____

Example "ABC Company Flexible Benefit Plan" If you are unsure about your Plan Name please contact your human resources or benefits department.

SECTION 1. EMPLOYEE INFORMATION

Name Last Four Digits of SSN

Personal E-mail Address Daytime Phone Number Evening Phone Number



SECTION 2. AUTHORIZED INDIVIDUAL

I hereby authorize Pension Dynamics Company LLC (PDC) to release information regarding my Benefits account in the plan(s) that PDC administers to the following person:

Association (example wife, child or personal finance holder)

Name

Address

City State Zip Code Phone Number

SECTION 3. EMPLOYEE AUTHORIZATION

I understand that my authorization will remain effective for one (1) year from the date of my signature, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information being released and that I may revoke the authorization at any time by written dated communication.

I understand that this form does not give the authorization for the person(s) mentioned above to **change** any information pertaining to my account (including but not limited to passwords, demographic information and/or enrollment elections) and that this is my sole responsibility as the account holder.

I have read and understand the nature of this release.

Employee Signature

Date

Witness (an adult other than the person you are authorizing)

Date