AUTHORIZATION FOR RELEASE OF INFORMATION ABOUT RETIREMENT BENEFITS, PENSION AND ALL DEFERRED COMPENSATION

To: _____

I, _____
Name & Address of Person Giving Authorization

with this document give my consent and authorize you to release, upon request, all information regarding my pension, retirement, deferred compensation, and/or profit sharing accounts to:

_____,
Name & Address of Person Authorized to Get Information, hereafter called "authorized person"

or any person who possesses original written authorization signed by the *authorized person*. This document further gives my consent and provides your authorization to permit *authorized person*, or any person delegated by *authorized person* to examine and copy, or to be furnished a copy of all records and documents in your possession pertaining to my accounts.

I agree that a certified photocopy of this authorization shall be considered as effective and as valid as the original. This release shall expire 6 months from the date on which it was signed.

Dated: _____ _____
Signature of person giving authorization

_____ _____
Date of Birth *Social Security No.*

ACKNOWLEDGMENT

I, the undersigned Notary Public in and for Alaska, hereby certify that on this _____ day of _____, 20__, the person named in the foregoing instrument, personally appeared before me and acknowledged that he/she signed and sealed the same freely and voluntarily as his/her free act and deed, for the uses and purposes herein mentioned.

_____
My Commission Expires: _____