



International Painters and Allied Trades Industry Pension Fund

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pension@iupat.org • www.iupatpension.org

Release of Information

Complete and submit this form to the Fund office to authorize the release of information pertaining to your records with the Fund office.

I, _____ the undersigned, hereby authorize the International Painters and Allied Trades Industry Pension Fund to release the following information pertaining to my records with the Fund:

- Contributions to the Fund
- Current benefit payment amount
- Most recent annual Benefits Statement
- Other: _____

Name of Agency/Individual to release information to: _____

Address of Agency/Individual to release information to: _____

Please indicate if you are requesting this information to be faxed/emailed to the indicated Agency/Individual: Yes No

If you marked "Yes", please indicate the fax number/email address: _____

Acknowledgement

I authorize the International Painters and Allied Trades Industry Pension Fund to release the information as indicated above. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily.

I understand that this release is valid for a period of one-hundred-twenty (120) days. I further understand that I may cancel or revoke this authorization at any time in writing.

Participant Name (please print): _____

Social Security Number: _____ Date: _____

Participant Signature: _____ *(Must be signed in the presence of a Notary Public.)*

Notary Public Verification

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Signature of Notary Public

Commission Expires

(SEAL)

Please return this form to the Fund office at the address listed above.