

I hereby authorize the Pension Fund staff to release information to the following individuals. This will stay in place unless it is revoked in writing.	
individuals. This will stay in place unless it	is revoked in writing.
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Signature	Date
	_
Witness	
I hereby revoke the authorization for the Perfollowing individuals.	nsion Fund staff to release information to the
	- -
Signature	 Date
DISIMUIC	Date
Witness	

FRMAUTHINFORELEASE 5/1/2015