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AUTHORIZATION RE RETIREMENT INFORMATION

Marriage of _____

To Whom It May Concern:

The undersigned authorizes and directs all persons having records and information concerning his and/or pension and retirement benefits and the actuarial assumptions used in computing such benefits, to release such records and information to attorney, Barbara A. DiFranza, and/or to agents appointed by her, and to other person(s), whose contact information is set forth below.

Dated: _____
Signature of Participant/Member

Print Participant/Member's Name & Social Security Number

{Optional} Below, print name and contact information of others to receive information: