

Limited Authorization

Pursuant to ERISA § 206(d)(3)(B)(i); IRC § 414(p)(1)(A), I, _____, authorize _____ (Plan Administrator) to supply _____ (Attorney) and/or the attorney's agents, *QDRO Group* of 780 East Smith Road, Medina, OH 44256, (844) 721-6500, or its agents with any and all information they request concerning any of my retirement benefits (including, but not limited to, all qualified and nonqualified defined benefit and defined contribution plans, stock option plans, and any other forms of deferred compensation arrangements), other employment benefits including insurance, disability and welfare programs, information pertaining to direct or indirect compensation upon termination or retirement (for example, sick, or vacation), and my employment history.

This authorization is limited to my employment benefits and history as set forth above and not to my non-financial personnel records. The authorization is valid for three hundred and sixty-five (365) days from the date of signing. Further, this authorization is revocable at any time.

To facilitate the timely division of my retirement benefits in my divorce proceeding, I authorize you to release the information set forth above by phone, email, letter and/or fax to my designated agents. A photocopy or scanned version of this Limited Authorization shall be as effective and valid as the original. This authorization shall be honored if received by mail, email or fax transmission.

Signature _____ Date _____

Name _____

Social Security Number _____ Phone _____

Address _____

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary Public