

**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 377B Lear  
Rd, #286, Avon Lake, OH 44012, (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