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QDRO Compliance Services

"National Experts in QDRO Administration and Drafting"

Author of the *Qualified Domestic Relations Order Handbook, 4th Ed.*
(Wolters, Kluwer Publ.)

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Limited Authorization

I, _____ *[employee/participant]*, duly authorize
_____ *[employer or fund administrator]* and/or
employer's third-party administrator, plan recordkeeper, actuary or QDRO processing agent, upon
request, to supply *Attorney* _____ and/or:

Gary Shulman, Owner of QDRO Compliance Services, 9601 Weathervane Dr., Chagrin Falls, Ohio 44023, with any and all information they might request or require concerning any and all of my retirement programs (including, but not limited to, all qualified and nonqualified defined benefit and defined contribution plans, IRAs, 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 (sick, vacation, etc.), and my employment, service and benefit history.

This authorization is limited to my employment/retirement benefits and history as set forth above and not to my non-financial personnel records. In addition, this authorization will expire 365 days from the date of notarization. If not dated, this authorization will expire 365 days from receipt of this request.

To facilitate handling this matter, I authorize you to reveal this information by phone, letter, or fax to my designated agents. In addition, I ask that you honor faxed or emailed transmissions of this authorization form or copies thereof recognizing that the originals will be forwarded, if requested, for your records.

Signature: _____

Name (printed): _____

Social Security Number: _____ - _____ - _____ Phone: (____) _____ - _____

Address: _____

Date: ____/____/____

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

_____, _____

NOTARY PUBLIC