

## 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**, P.O. Box 845, Twinsburg, Ohio 44087, 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: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

