

**RETURN COMPLETED FORM TO:  
UNITED INDUSTRIAL WORKERS PENSION PLAN**

5201 Capital Gateway Drive, Camp Springs, MD 20746 • (301) 899-0675 • Fax (301) 702-6074

**AUTHORIZATION TO PROVIDE VERIFICATION OF PENSION BENEFITS**

**In order for the Plan Office to provide information to any individual or organization on your behalf, you or your legal representative, or Power of Attorney must authorize the release of that information by completing this Form. Information regarding your pension benefits will not be provided unless this form is completed or a written request bearing your notarized signature is provided to the Plan Office.**

**Each time you require verification of your pension benefit income, you must complete another form or provide another written notarized statement.**

**Pensioner's Name:** \_\_\_\_\_ **Last Four Digits of SS#:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**I authorize the Plan Office to release information regarding pension benefits that I am receiving from the United Industrial Workers Pension Plan to the following individual or organization:**

**Organization/Individual Name (print name):** \_\_\_\_\_

**Address (if applicable):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**REQUIRED SIGNATURES: NOTARY PUBLIC OR SIGNATURE OF PLAN REPRESENTATIVE**

\_\_\_\_\_  
**SIGNATURE OF PENSIONER (OR POWER OF  
ATTORNEY OR COURT APPOINTED REPRESENTATIVE\*)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PLAN REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

\*Legal Order must be attached or on file in the Plan Office

**NOTARY PUBLIC:**

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_