

## Authorization to Release Financial Information in a Divorce Matter

I, \_\_\_\_\_, (“Participant”) have been employed by \_\_\_\_\_ (“Employer”) and am a participant in, or am covered by, one or more of its pension, retirement, or other employee pension benefit, employment welfare, or employee benefit plans.

I hereby authorize the Employee Benefits Department of the Employer, or any other department, agent, officer, or employee or any Plan Administrator of all such plans to provide information and copies of any and all documents relating or pertaining in any way to employee and retirement benefits (including, without way of limitation, any and all pension, retirement, profit sharing, employee savings, 401(k), benefit, or similar plans of every type and description), account balance, and plan documents, for the purpose of drafting a Qualified Domestic Relations Order or similar, to

Maurice A. Johnson, Esq.  
Johnson Law Corporation  
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(303) 804-9898 Phone  
(303) 804-9899 Fax  
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This Authorization to Release financial information shall also be deemed to apply to any military pension rights or other benefits arising out of military service, and any federal, state, or local government civil service pension or other employee benefit plans.

If not revoked in writing, this authorization shall be effective for 180 days after the date listed below.

A photocopy, email, or fax of this form shall have the same force and effect as the signed original.

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Signature of Plan Participant	Date	Plan Account No. (If applicable)
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Present Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

Email: \_\_\_\_\_