

EMPLOYEE/PARTICIPANT AUTHORIZATION FORM

I, **[Participant Name]**, hereby consent and authorize any recipient of this Employee/Participant Authorization Form ("Authorization Form") to provide to: (i) **[Alternate Payee Name]** (Social Security Number: XXX-XX-**[Last 4 Digits of SSN]**; Date of Birth: **[Month]** **[Day]**, **[Year]**), who is my former spouse; and/or (ii) any attorney and/or law firm (or associates thereof) that is representing my former spouse or that is otherwise authorized by my former spouse to request and receive information on her behalf, including, without limitation, **[Pension Rights Project Name]****[XXXXXXXX Legal Aid]**, with any and all information they may request or require concerning my retirement benefits (both qualified and non-qualified), other employment benefits, employment history (including dates of employment and salary history), COBRA continuation coverage, stock option agreements or plans, stock appreciation rights, phantom stock, signing contracts and bonus and other incentive compensation plans, and any other form of deferred compensation.

Nothing in this Authorization Form shall be construed as authorizing or requiring the release of protected health information.

This authorization will become invalid 365 days after receipt of this request.

To facilitate handling this matter, I authorize you to reveal this information by phone, letter, electronic mail, or fax to my spouse/former spouse and the above-noted authorized agents. In addition, I ask that you honor electronic mail and faxed transmissions of this Authorization Form or copies thereof which will have the same force and effect as a signed original of this Authorization Form.

I agree to hold harmless any individual, plan, company, partnership, governmental agency, and/or any other entity, or any representative thereof from any and all claims that may arise due to reliance on this Authorization Form

If there are any questions regarding this authorization, please contact me at the telephone number provided below.

Employee's Signature

Employee's Name (typed or printed)

Employee's Social Security Number

Employee's Phone

Date: _____

State of Texas

County of _____

This instrument was acknowledged before me on _____, 2022 by **[Participant Name]**.

(Personalized Seal)

Notary Public's Signature