



Limited Authorization

I, _____ (*employee*), duly authorize _____ (*employer*), to supply *Attorney* _____, located at _____, or it's Agent(s) listed below, 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, including balances and estimated future benefits; stock option plans; all 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 history.

Agent:

THE QDRO COMPANY, LLC, 1101 S. Main Street #422, Chelsea, MI 48118

This authorization is limited to my employment 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 your 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 transmissions of this authorization form or copies thereof recognizing that the originals will be forwarded, if requested, for your records.

If there are any questions concerning this authorization, please contact me.

Signature _____

Name (typed or printed) _____

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

Address _____

Date: _____

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

NOTARY PUBLIC