



**AUTHORIZATION FORM TO RELEASE
PERSONAL INFORMATION**

PO Box 909700, Kansas City, MO 64190

I, _____, hereby authorize the
(Print name of Participant)

- _____ Boilermaker-Blacksmith National Pension Trust – Fax number: 913-621-8635
- _____ Boilermakers National Annuity Trust – Fax number: 866-439-8602
- _____ Boilermakers Employer Contributions Dept. (hours and contributions requests) – Fax number: 913-621-2464

To release information (verbally or in writing) concerning my:

- _____ Hours and contributions for the time period _____ ALL HOURS REPORTED
- _____ Annuity Plan Only - Current account balance _____
- _____ Pension Plan Only - My estimated monthly benefit as of _____
- _____ Pension IRS Form 1099R for years: _____
- _____ Annuity IRS Form 1099R for years: _____
- _____ Other item(s) not listed above: _____

(May require additional authorization – please call for instructions)

To the below authorized representative:

Name: _____ Relationship to Participant: _____

Law Firm or Organization (if applicable): Western States Joint Apprenticeship Program

Street: PO Box 1386 City: Page State: AZ Zip 86040

Phone: (928) 645-0277 Fax: (928) 645-0217 Email: westernstatesjac@gmail.com

- _____ **Send nothing now (please file for future requests for information) -OR-**
- _____ **Send now by Mail** _____ **Fax** _____ **Email** _____ **Phone** _____

This authorization is effective: **(IF LEFT BLANK, AUTHORIZATION ONLY GOOD FOR ONE USE)**

_____ A. From _____ to _____ **(MAXIMUM OF ONE YEAR)**

_____ B. For one year from the below signed date

Participant Name (print): _____ **Last 4 Digits of SSN:** _____

Participant Address: _____ **Phone:** _____

Participant Signature: _____ **Date:** _____

Note: The Funds Office will only release information upon specific request and does not assume any on-going responsibility to provide information absent a specific request.

Revised 02-18-14