



AUTHORIZATION FORM TO RELEASE  
PERSONAL INFORMATION TO  
PERSON(S) OTHER THAN PARTICIPANT

I, \_\_\_\_\_, hereby authorize the  
(Print name of Participant)

- \_\_\_\_\_ Boilermaker-Blacksmith National Pension Trust - Fax number: 913-281-5514
- \_\_\_\_\_ Boilermakers National Annuity Trust - Fax number: 913-281-2673
- \_\_\_\_\_ Employer Contributions Department - Fax number: 913-342-6575

**IF REQUESTING INFORMATION FROM MORE THAN ONE DEPARTMENT  
FAX TO THE CUSTODIAN OF RECORDS AT: 913-342-0911**

**To release information concerning my:**

- \_\_\_\_\_ Hours and contributions for the time period \_\_\_\_\_
- \_\_\_\_\_ Annuity Plan Only - Current account balance
- \_\_\_\_\_ Pension Plan Only - My estimated monthly benefit as of \_\_\_\_\_
- A. Based on Single Life Annuity**
- B. Based on Husband and Wife Pension (Spouse Date of Birth: \_\_\_\_\_)**
- \_\_\_\_\_ Summary Plan Description
- \_\_\_\_\_ Other item(s) not listed above: \_\_\_\_\_

Must choose

Send to the following person(s) by Mail \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ (please select one)

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Law Firm or Organization (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**This authorization is effective: (MUST SELECT ONE)**

- \_\_\_\_\_ A. From \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_\_ B. For one year from the below signed date

*\*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.*

Participant Name (print): \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Participant Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Completed by (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_