

**AUTHORIZATION
FOR RELEASE OF PENSION INFORMATION FROM
THE PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**

I, _____, am a participant in the PACE Industry Union-Management Pension Fund (the "Fund") and hereby authorize the Fund to disclose information regarding my pension benefits as described in this authorization.

(1) *Identify specific person/organization to whom the Fund is authorized to disclose the information.*

(2) *Describe the information to be disclosed by the Fund (for example "estimate of accrued benefit" or "anything requested by individual identified in (1) above"):*

(3) *Purpose of Authorization:* I am requesting that my information be disclosed for the following purpose (or, if you do not wish to state a purpose, please state "at the request of the individual"):

Date

Participant's Signature

State of _____)
County of _____) ss

On _____ before me, _____ (Name of Notary Public),
personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledges to me that he/she executed the same in his/her authorized capacity on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Signature of Notary Public