

AUTHORIZATION TO RELEASE INFORMATION

MEMBER NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

I, _____, do hereby authorize the WEST VIRGINIA CONSOLIDATED PUBLIC RETIREMENT BOARD and its staff, representatives, and counsel to release information pertaining to my state retirement account and any available benefits and options to _____, and/or his/her legal representatives or attorneys, in conjunction with _____. By executing this Authorization for the limited purposes stated herein, I hereby waive any right of privacy or confidentiality which I might otherwise have to the information regarding my retirement account.

A photocopy of this Authorization is to have the same force and effect as the original, and this Authorization is to remain in full force and effect until expressly revoked by me in writing.

Dated this _____ day of _____, 20__.

(Signature)

STATE OF _____;

COUNTY OF _____, to-wit:

I, _____, a Notary Public in and for the state of _____, do hereby certify that _____ did sign this document before me on this the _____ day of _____, 20__.

Notary Public

My Commission Expires: _____