

Authorization to Release Information

The Participant/Beneficiary should complete this form, only if the Participant/Beneficiary would like to authorize a person or entity to receive Pension information on his/her behalf. *Unless this form is returned (signed and dated by the Participant/Beneficiary), information will not be released to any unauthorized third party.* This authorization will remain in effect until such time that the Participant/Beneficiary notifies the Administrative Office in writing. A photocopy of this form will be treated as an original, with the full force and power of said original.

SECTION 1 PARTICIPANT/BENEFICIARY INFORMATION

Please print or type the information below for the Participant or Beneficiary

NAME

SOCIAL SECURITY NUMBER OR UNIQUE IDENTIFIER

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SECTION 2 AUTHORIZED THIRD PARTY INFORMATION

Please print or type the information below for the third party authorized to receive Pension information on behalf of the Participant or Beneficiary.

NAME OF INDIVIDUAL OR ENTITY

ALL INDIVIDUALS REPRESENTING ENTITY OR INDIVIDUAL NAMES
 (CHECK ONLY ONE AND LIST, IF APPLICABLE)

	<input type="checkbox"/> ALL INDIVIDUALS REPRESENTING ENTITY, OR <input type="checkbox"/> ONLY THE FOLLOWING INDIVIDUALS:
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STREET ADDRESS

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CITY

STATE

POSTAL CODE

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TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

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ADDRESS INFORMATION RELATIVE TO PARTICIPANT/BENEFICIARY (PLEASE CHECK THE BOX BELOW TO INDICATE THAT THE ADDRESS ON RECORD FOR THE PARTICIPANT/BENEFICIARY SHOULD BE UPDATED. IF THE BOX IS NOT CHECKED, THEN THE PARTICIPANT/BENEFICIARY'S ADDRESS WILL NOT BE UPDATED.)

UPDATE THE PARTICIPANT/BENEFICIARY'S ADDRESS ON RECORD FOR PENSION PURPOSES TO THE ADDRESS IN THIS SECTION 2.

SECTION 3 PARTICIPANT/BENEFICIARY'S ACKNOWLEDGEMENT

I authorize the individual or entity in Section 2 to receive Pension information from the Producer-Writers Guild of America Pension Plan (the "Plan") and that the Plan may act under this authorization upon receipt. I agree to hold the Plan harmless from any claims that may arise against the Plan because of the Plan's reliance on this authorization. I understand that this authorization will remain in effect unless and until I notify the Administrative Office in writing.

SIGNATURE

DATE

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