



# El Paso Firemen & Policemen's Pension Fund



## MEMBER REQUEST FOR INFORMATION FORM

I,  the undersigned, hereby request the El Paso Firemen & Policemen's Pension Fund to provide to me the following information:

*I authorize the El Paso Firemen & Policemen's Pension Fund to release the information to me as indicated above. I acknowledge that authorization is hereby granted voluntarily and that the information will be mailed/faxed according to my directions.*

Your Name (please print):

Mailing Address:

Street City State Zip Code

Social Security Number:  Date:

Please indicate if you are requesting this information to be faxed to you:  Yes  No

If you marked "Yes", please indicate the fax number:

Your Signature:

**(If you are requesting information to be mailed to you at an address different than your address of record with the Fund, your signature must be notarized in order for your request to be processed and mailed as instructed.)**

**Please allow 7 to 10 business days to receive your requested information from the Fund.**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. (SEAL)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Commission Expires