



# El Paso Firemen & Policemen's Pension Fund



## RELEASE OF INFORMATION FORM

I,  the undersigned, hereby authorize the El Paso Firemen & Policemen's Pension Fund to release the following information pertaining to my records with the Fund:

- contributions to the Fund
- current benefit payment amount
- most recent Annual Benefits Statement
- Other:

Name of Agency/Person to release information to:

Address of Agency/Person to release information to:

*I authorize the El Paso Firemen & Policemen's Pension Fund to release the information as indicated above. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily.*

*I understand that this release is valid for a period of one-hundred and twenty (120) days. I further understand that I may cancel or revoke this authorization at any time in writing.*

Member Name (please print):

Social Security Number:

Date:

Member Signature:

**must be signed in the presence of a Notary Public**

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*

909 E. San Antonio Avenue · El Paso, TX 79901-2523  
(915) 771-8111 · Fax (915) 779-6693  
www.ElPasoFireAndPolice.org  
<https://facebook.com/elpasofireandpolice>