

Date:

To: PLAN PARTICIPANT

From: National Elevator Industry Pension Plan

Re: Pension Release Authorization

Please complete the information below and return this form to the Benefits Office.

Please note, by signing this form you are authorizing the designated person below to call on your behalf with regards to any pension related information under the National Elevator Industry Pension Plan. This authorization will remain in effect until revoked by the member. Any changes to this authorization need to be completed in writing.

Member Name _____ ID # _____

Address _____

City, State and Zip _____

Phone Number _____

Name of Authorized Individual
(Print Name)

Date

Member Signature

Date

**Mail to: NEI Pension Plan, 19 Campus Blvd. Suite 200, Newtown Square, PA 19073-3288
Fax Number: 610-557-4516**