



IBEW Local No. 236

Health and Benefit Fund, Annuity Fund, and Pension Fund

William J. McDaniel, C.P.A.
Funds Administrator

AUTHORIZATION TO RELEASE INFORMATION

I, _____ (print clearly) and whose Social Security Number is _____, am the individual to whom the information/record(s) pertains. I hereby authorize _____ (print clearly) as representative of IBEW Local 236 Health and Benefit Funds, to contact the following person/institution to obtain information on my behalf:

Name of person/institution (print clearly): _____

Address: _____

Phone Number: _____

Member Signature: _____

Witness (please print): _____

Witness Signature: _____

Date: _____