



Authorization to Release Information

Member to mail completed form to address below

Complete with black or blue ink only. Your request will be rejected if there is any whiteout on this form.

COMPLETED BY MEMBER

I hereby authorize the NMERB to release information regarding my account, such as a statement of my account, a history of contributions, and terms and conditions of my retirement options, to the individual or designated agent listed below.

Name (First, Middle, Last)	Last 4 digits of SSN XXX-XX-
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 X _____	_____
Member's signature	Date (mm/dd/yyyy)

Designated Individual or Agent

Name (First, Last)	Relationship to you		
Mailing address			
City	State	Zip	Phone
Email	Designated Start date* (mm/dd/yyyy)	End date* (mm/dd/yyyy)	

* If you do not provide a specific time period, the default is that the individual or designated agent has unlimited access until otherwise revoked/changed by you in writing.

Please keep a copy of this application for your records.