Authorization to Release Information

STATE OF TEXAS §
§
COUNTY OF _____ §

I, _____, social security number _____, am now or have in the past been employed by _____ ("Employer") and am a participant in, or am covered by, one or more of its pension, retirement, or other employee pension benefit, employee welfare, or employee benefit plans.

I hereby authorize the Employee Benefits Department, or any other department, agent, officer, or employee of Employer or the Plan Administrators of all such plans to provide copies of any and all documents relating or pertaining in any way to my employee and retirement benefits (including, without limitation, any and all pension, retirement, profit sharing, employee savings, 401(k), benefit, or similar plans of every type and description) to Jimmy L. Verner, Jr., Verner & Brumley, P.C., 3131 TurtleCreek Blvd., Penthouse Suite, Dallas, Texas 75219.

This Release shall also be deemed to apply to any Military pension rights or other benefits arising out of military service, and any Federal (including CSRS and FERS), State, or local government civil service pension or other employee benefit plans.

A photocopy of this form shall have the same force and effect as the signed original.

_____
(Signature of employee)

BEFORE ME, the undersigned Notary Public, on this day personally appeared _____, who acknowledged to me that he or she executed said instrument as his or her free and voluntary act and deed for the purposes expressed therein.

GIVEN UNDER MY HAND AND SEAL on this _____ day of _____, _____.

_____
Notary Public