



Authorization to Release Financial Information in a DIVORCE MATTER

Execution of this form does not authorize release of information other than that specifically described below. Personal health information can only be released with completion of the *Authorization to Use and/or Disclose Personal Health Information* form.

To: Public Employees' Retirement Association of Colorado
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-7372

PERA Participant:

Name _____
Last First MI

Social Security Number _____ Date of Birth _____

Release To: (Name, address, and telephone number of entity (company or organization) or individual to whom information is to be released. If more than one entity, please use separate forms.)

I request and authorize the Public Employees' Retirement Association of Colorado to release the information specified below to the entity or individual named on this Authorization. To release personal health information, use the *Authorization to Use and/or Disclose Personal Health Information* form.

Information Requested: (check all that apply)

- Participant's account balance
- Participant's retirement estimates
- Participant's beneficiary/cobeneficiary information
- Participant's monthly benefit amount
- Participant's monthly benefit history
- Participant's 401(k) balance and beneficiary
- Participant's entire member file
- Other (specify): _____

Documents to be released are related to the period specified below:

Limited to the following beginning and ending date(s):

Purpose(s) or need(s) for which information is to be used:

- Determination of marital property interest
- Other (specify): _____

Authorization: I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Rediscovery of the information released pursuant to this authorization by those receiving the above authorized information may not be accomplished without my further written consent. Without my express revocation, this consent will automatically expire one (1) year from the date hereof, but in any event:

- on _____ (date to be completed by Participant); or
- if revoked in writing by Participant; or
- 180 days from the date hereof; or
- under the following condition(s): _____

Other conditions: A copy of this authorization or my signature thereon may may not be utilized with the same effectiveness as an original.

Dated this _____ day of _____, _____. **Signature of Participant** _____

If the PERA Participant is unable to sign this *Authorization to Release Financial Information in a Divorce Matter* for any reason, he or she may affix an "X" in the presence of two witnesses not related to the member. These two witnesses must sign below.

Witness (other than family member) _____ **Date** _____

Witness (other than family member) _____ **Date** _____