



**MoDOT & Patrol Employees' Retirement System**  
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 Website: www.mpers.org

## Authorization to Release Benefit Information

*This form authorizes MPERS to release your pension benefit information to another person or organization.*

### Member Information

Social Security Number:	Member's Name: (Last)	(First)	(MI)
Daytime Phone Number:		Email Address:	

### Authorization for Person or Organization

I authorize MPERS to release information regarding my benefits to the following person(s) **or** organization(s).

Person's Name: (Last)	(First)	(MI)
Organization's Name:	Contact:	
Mailing Address:	City	State Zip Code
Daytime Phone Number:	Email Address:	
This <i>Authorization to Release Benefit Information</i> will be effective for: <b>(mark one)</b>		
<input type="checkbox"/> 90 days (one-time authorization) <input type="checkbox"/> For My Lifetime (unless amended or revoked)		

MPERS will not be held responsible for the release and subsequent use of the requested information. I understand that I have the right to revoke this authorization, provided that I do so in writing, except to the extent that MPERS has already used or disclosed the information in reliance on the authorization.

Member Signature:	Date:
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