



*Mailing Address:* P.O. Box 6652 Pasadena, CA 91109

## AUTHORIZATION FOR NEBF TO RELEASE INFORMATION TO THE SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN

I, \_\_\_\_\_\_, a participant in the SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN, hereby authorize the National Electrical Benefit Fund (NEBF) to release to the aforementioned Pension Plan any information they may, at any time, request which the NEBF has in its possession relating to me. This includes, but is not limited to, any and all information pertaining to contributions made on my behalf to the NEBF.

SIGNATURE	SSN

DATE

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