



**Bonne A. McHenry**  
**762 Greenfield Road**  
**Peterborough, NH 03458**  
**603-547-2465**

**RELEASE OF INFORMATION ON PENSION PLANS**

(PLEASE PRINT)

EMPLOYEE'S NAME \_\_\_\_\_

EMPLOYEE'S SOCIAL SECURITY NUMBER \_\_\_\_\_

FORMER SPOUSE'S NAME \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_

DATE OF TERMINATION \_\_\_\_\_

DATE OF RETIREMENT \_\_\_\_\_

**TO EMPLOYER OR PLAN ADMINISTRATOR:**

This is to inform you that I hereby CONSENT to the RELEASE of any and all information from my Employer, Pension Plan Administrator, or other related persons that may be requested and/or required by McHenry QDRO Consulting, LLC, concerning benefits for which I am or may become eligible pursuant to any and all qualified defined benefit or defined contribution pension plans, any Individual Retirement Account or other private investment plan, or any non-qualified or non-ERISA plan, ESOP, retirement plan, savings plan, or profit sharing plan, so that said Corporation may evaluate same and prepare documents based on said information. I also hereby request that said Corporation be provided with Summary Plan Descriptions, or other descriptive plan documents, relative to any plan in which I participate or have participated.

I understand that the information received will be held confidential by McHenry QDRO Consulting, LLC, except for the express purpose for which this information is intended.

I agree that a copy of this Release shall have the same effect as the original.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_