

QDROEXPRESS, LLC

22919 EUREKA ROAD ♦ TAYLOR, MI 48180 ♦ PHONE: (734) 671-3531 ♦ FAX: (734) 671-3741
www.qdroteam.com

Limited Authorization

I, _____ (*employee*), duly authorize _____ (*employer*), to supply *Attorney* _____ and/or my attorney's agents, *QDROExpress* of 22919 Eureka Road, Taylor, Michigan, 48180 with any and all information they might request or require concerning any and all of my retirement programs (including, but not limited to, all qualified and nonqualified defined benefit and defined contribution plans, stock option plans, and any other forms of deferred compensation arrangements), and my employment history.

This authorization is limited to my employment benefits and history as set forth above and not to my non-financial personnel records. In addition, this authorization will expire 365 days from the date of notarization. If not dated, this authorization will expire 365 days from your receipt of this request.

To facilitate handling this matter, I authorize you to reveal this information by phone, letter, or fax to my designated agents. In addition, I ask that you honor faxed transmissions of this authorization form or copies thereof recognizing that the originals will be forwarded, if requested, for your records.

Signature _____

Name (typed or printed) _____

Social Security Number _____ - _____ - _____ Phone (____) _____ - _____

Address _____

Date _____

If there are any questions concerning this authorization, please contact me.

Sworn to before me and subscribed in my presence this _____ day of _____, _____

NOTARY PUBLIC