

Authorization for Release of Information

Full Name: SSN:

I, _____, authorize the Employees' Retirement Fund of the City of Dallas to provide and/or verify by all available means the information regarding income and/or pension contribution amounts to:

Name:

Address:

City: State: Zipcode:

Phone Number: Alternate Number:

Email Address:

CALCULATED PENSION ESTIMATES ARE BASED ON INFORMATION RECEIVED FROM THE CITY OF DALLAS AND, AS SUCH, MAY CHANGE IF AUDITED OR CORRECTED. PENSION ESTIMATES MAY NOT SHOW LEAVE WITHOUT PAY WHICH, IF YOU HAVE ANY, WILL REDUCE YOUR PENSION SERVICE CREDIT AND CHANGE YOUR EARLIEST RETIREMENT DATE. THERE IS NO PENSION SERVICE CREDIT FOR LEAVE WITHOUT PAY.

IF THERE IS AN EARLY UNREDUCED RETIREMENT DATE SHOWN, IT IS CALCULATED BASED ON INFORMATION RECEIVED FROM THE CITY OF DALLAS AND ASSUMES NO BREAK IN SERVICE BETWEEN NOW AND THE EARLY UNREDUCED RETIREMENT DATE.

PENSION ESTIMATE DOES NOT INCLUDE LUMP SUM VACATION.

____ I understand and agree that the figures are only estimates subject to change after termination when all final data is received from the City of Dallas.

Signature

Date