Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
http://mpera.mt.gov

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

BENEFIT RECIPIENT INFORMATION

Last Name	First name	Retirement System(s)	
Date of Birth	Address		
Phone Number	City	State	Zip

INDIVIDUAL / ENTITY AUTHORIZED TO RECEIVE CONFIDENTIAL INFORMATION

IF YOU WISH TO AUTHORIZE MORE THAN ONE INDIVIDUAL/ENTITY, COMPLETE AN ADDITIONAL FORM(S)

Printed Name	Relationship to Member
Phone Number	Address

BENEFIT RECIPIENT AUTHORIZATION and SIGNATURE

THIS FORM WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND ONE APPROVED WITNESS SIGNATURE

I understand that without this authorization MPERA will treat information specifically relating to my retirement benefit and eligibility in the retirement system identified above as confidential information and will not release that information. My purpose in executing this authorization is to waive the right of confidentiality in order to allow the above-named individual or entity to have access to either *(check one)*:

☐ Any and all information relating to my account including but not limited to my account balance, contributions, beneficiary designations, elections and benefit amount, except that MPERA is only authorized to disclose disability determination information if specified below.

☐ Other *(specify)*

Authorization period *(check one)*: ☐ 60 days ☐ 90 days ☐ Indefinitely ☐ Until

Revocation. I understand I may revoke this authorization at any time by providing written notice of revocation of this authorization to MPERA including my full name and the person/entity I have authorized to receive confidential information. A revocation of this authorization will not be effective for disclosures already made in reliance on this authorization.

Signature	Date

WITNESS SIGNATURE

REQUIRED - EITHER PUBLIC NOTARY OR AUTHORIZED MPERA STAFF'S SIGNATURE

1 **PUBLIC NOTARY** You may have this form notarized at your bank or any local government office.

State of_____County of _____

Subscribed to and sworn to (or affirmed) before me this_ ____ day of

_____, 20____ by _____.
(member printed name)

Signature of Notary	My Commission expires

(Seal or Stamp)

2 **AUTHORIZED MPERA STAFF'S SIGNATURE**

MPERA Staff's Signature	Printed Name	Date

PLEASE KEEP A COPY FOR YOUR RECORDS