

RELEASE AND AUTHORIZATION

Name of Service Member:

SSN:_____

This authorization is to assist QDRO Advisors, Inc. with issues pertaining to the Individual listed above's military pension division, the survivor benefit plan and related matters.

I hereby authorize the Defense Finance and Accounting Service (DFAS), the Department of Veterans Affairs, and any other agency or department of the U.S. Government to release documents, records and information to QDRO Advisors, Inc. or its agents, and to discuss these matters with QDRO Advisors, Inc. or its agents. This authorization permits you to forward this information directly to: *QDRO Advisors, Inc., 248 Route 25A, Suite 105, East Setauket, NY 11733, (631) 941-3034*, Fax (631) 813-4674, Email: info@qdroadvisors.us

Date: _____ Signed: _____

STATE OF NEW YORK)

) ss:

COUNTY OF _____)

On the _____ day of ______, in the year ______. before me, the undersigned, a Notary Public in and for said State, personally appeared _______, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the persons(s) upon behalf of which the individual(s) acted, executed the instrument.

_____Notary Public