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RELEASE AND AUTHORIZATION

For: New York State Teachers Retirement System

Name of Participant / Employee: _____

SSN: _____

This authorization applies to the Individual listed above and applies to any pension plan, retirement plan, or employer maintaining information as described below on behalf of the above individual.

This form will authorize you to release any and all information regarding my pension and retirement benefits, credited service, compensation, or any other related matters, or other employment benefits including disability or information pertaining to direct or indirect compensation upon termination or retirement (sick, vacation, etc.), and my employment history, including a Summary Plan Description, Annual Summary Statement and Salary History. To facilitate handling this matter, I authorize you to disclose any information both verbally and in writing by fax and/or by email to QDRO Advisors, Inc. In addition, I ask that you honor faxed transmissions of this authorization form or copies thereof. This authorization does not permit the release of my non-financial personal records. This authorization will expire 365 days from the date of notarization. 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**, or its agents:

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) in the instrument, the individual(s), or the persons(s) upon behalf of which the individual(s) acted, executed the instrument.

_____ **Notary Public**