

**Authorization to release information to:  
The Phoenix Benefits Group, Inc.**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_,  
hereby authorize and direct the Plan Administrator of the \_\_\_\_\_  
\_\_\_\_\_ to furnish to Michael L. Pisula  
or his designated representative, any and all information and documents requested  
regarding my benefit accruals under all retirement plans administered by the Pension  
Plan on my behalf.

For your records, Mr. Pisula's address and telephone number are:

Michael L. Pisula, FSA  
Actuary  
The Phoenix Benefits Group, Inc.  
259 Challen Drive  
Pittsburgh, PA 15236

Phone: 412-310-1615      email: [mpisula@phoenix-benefits.com](mailto:mpisula@phoenix-benefits.com)

The release of this information is necessary for Mr. Pisula to assist legal counsel to me  
and my former spouse in the preparation of an evaluation of my retirement benefits  
for purposes of a marital separation.

\_\_\_\_\_  
Date