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**AUTHORIZATION FOR
RELEASE OF INFORMATION**

I, _____, the undersigned,
print full name

hereby authorize any plan administrator, including any third party administrator, for any plan in which I am a participant, an alternate payee or a beneficiary, to release information to Gregg L. Kabacinski & Associates regarding my interest (vested and unvested) in any retirement benefits, deferred compensation and any other employee benefits.

Signature

Date