

Airconditioning and Refrigeration Industry Retirement Trust Authorization Form

The Airconditioning and Refrigeration Industry Retirement Trust ("Plan") will not use or disclose personal information pertaining to ("pension benefits") you are receiving under the Retirement Trust without your Authorization except as described in the Plan's Notice of Privacy Practices. If you want the Plan to use or disclose your pension benefit information, complete this Authorization form, and submit it as instructed below.

This authorization alone, without legal documentation, does not authorize the listed person(s) or entity to amend your benefit information, which may include but is not limited to beneficiary changes, Health and Welfare Plan changes, banking information, address updates. This form alone does not authorize the Trust to release pension benefit documentation via mail, fax, or email directly to the listed individual(s) or entity without legal documentation. This Authorization is not valid without your (or your Power of Attorney Agent/Executor or Personal Representative's) dated signature.

Participant's name: _____ Participant's birth date: _____

Phone Number: (____) _____ Participant's ID or Last Four SSN: _____

Requestor's name: _____ Relationship to Participant: _____
If form is completed by the Power of Attorney as Agent or Executor, a complete copy of the Power of Attorney must be submitted. If a Personal Agent completes form, a copy of the applicable court order must be submitted.

I authorize the Plan to use or disclose my following Pension Benefit information in accordance with this Authorization:

- All of my Pension Benefit Records
- Other (be as specific as possible)** _____

Please provide the name and contact information for each person(s) or entity to whom the above pension benefit information may be disclosed, if applicable. Attach additional sheets, if necessary. Please note – once your pension benefit information is disclosed to these persons or entities, the Plan cannot prevent the redisclosure of your information by such persons or entities.

Name of Person/Entity	Name of Person/Entity
Street	Street
City	City
State	State
Zip Code	Zip Code
(____) _____ Contact phone#	(____) _____ Contact phone#

Authorization Form-Retirement Trust

This Authorization is effective until _____ [expiration date] (if you do not select an expiration date, your Authorization will remain in effect for 1 year or until revoked by you in writing. You may revoke this Authorization at any time by writing to the Plan at the following address:

**Privacy Officer
Airconditioning and Refrigeration Industry
Retirement Trust
3500 W. Orangewood Avenue
Orange, CA 92868
Fax: (714) 917-6065**

Revocation forms are available upon request from the above address. If you revoke your Authorization, the Plan will no longer disclose your pension benefit information except as described in the Plan's Notice of Privacy Practices or as permitted under your remaining Authorizations, if any.

Read and sign the following statement:

I hereby authorize the Plan to use and disclose my pension benefit information in accordance with this Authorization. **I understand that pension benefit information disclosed in accordance with this Authorization may be redisclosed by the recipients listed in this Authorization and, as a result, may no longer be protected under applicable privacy laws or under the Plan's privacy practices.** I understand that, without my Authorization, the Plan may use my protected retirement benefit information only as described in the Plan's Notice of Privacy Practices or as permitted under my remaining non-revoked Authorizations, if any.

I understand that this Authorization is valid until the revocation date indicated above, or until I revoke this Authorization in writing. I understand that I have the right to revoke this Authorization at any time, except to the extent that the Plan has already used or disclosed my retirement information in reliance on this Authorization.

Signature: * _____ Date: _____

Power of Attorney

Principal's Full Legal Name: _____

Signature: _____ / _____ Date: _____
POA Title

****If you are making this request on behalf of another individual, a completed Personal Representative form or complete copy of the Power of Attorney must be on file with the Plan unless the individual is your minor child or ward and you also participate in the Plan.***

Send this completed Authorization form to the Plan at:

**Privacy Officer
Airconditioning and Refrigeration Industry
Retirement Trust
3500 W. Orangewood Avenue
Orange, CA 92868
Fax: (714) 917-6065**

If you have questions about this Authorization form, contact the Plan at (714) 917-6100.

For internal use only:

Effective Date: _____

Power of Attorney Received: _____