

To: \_\_\_\_\_  
Name and address of retirement plan

Re: \_\_\_\_\_ SS#: \_\_\_\_\_  
Name of plan participant Plan participant's Social Security number

I hereby request and authorize you to furnish Frank Pelosi, CPA or Lois S. Fried, CPA with the following information:

1. Any and all information relative to any:

- A. Pension plans
- B. Profit sharing plans
- C. Employee stock ownership plans
- D. Tax sheltered or deferred annuity plan
- E. Annuity saving fund
- F. Vacation fund
- G. 401(k) or other types of savings plans

sponsored or administered by your organization in which I am a participant.

2. Any and all information requested relative to my current and historical wage/salary data as well as any and all information regarding my credited service, pension credits, pension points, or any other work history data that would impact my benefits under any retirement and savings programs sponsored by or administered by your organization.

In addition to responding to their inquiries, we are requesting that you furnish them copies of any documents relative to my participation in these plans and to perform the calculations necessary under these plans to determine my entitlements under these plans.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

Mail or deliver all of the above requested information to:

LOIS S. FRIED, CPA  
Capaldi, Reynolds & Pelosi, P.A.  
332 Tilton Road  
Northfield, New Jersey 08225