

**CITY OF KNOXVILLE EMPLOYEES' PENSION SYSTEM ("PLAN")
QUALIFIED DOMESTIC RELATIONS ORDER ("QDRO") PROCEDURE**

Member Release of Plan Information

The undersigned Member hereby:

1. Acknowledges that the Administrator does not disclose information about Member's Plan benefits or employment or personal situation except with the permission of Member or as required by applicable law or court order.
2. Acknowledges that Member has been provided a copy of the QDRO Procedure and had an opportunity to review it.
3. Voluntarily authorizes and directs to release any and all available information concerning the Plan and the Member's Plan benefits and employment and personal information to the following named persons or law firms at such person's request, without further notice to Member:

Member's attorney: _____

Member's Spouse or former spouse: _____

Member's Children: _____

Member's Other dependents: _____

Other party's attorneys: _____

Executed _____, 201____.

Member Name: _____

Member Signature: _____