Steamfitters Local 602 Retirement Savings Plan

Physical Address: 8700 Ashwood Dr., Suite 150, Capitol Heights, MD 20743

Phone: (410) 444-3756 or (800) 618-2879 • Fax: (206) 505-9727 • Website: HPRBenefitFunds.com

Administered by
Welfare & Pension Administration Service, Inc.

AUTHORIZATION FOR PAYMENT

AND RELEASE

The undersigned hereby represents that (s)he is the duly authorized fiduciary (guardian/conservator/custodian) for _____, minor(s), who is/are the beneficiary(ies)/heir(s) of _____, deceased.

I hereby agree to indemnify and hold harmless this Trust from any claims arising on account of such payment and further release this Trust from any and all claims which could be asserted by reason of such payment.

DATED this _____ day of _____, 20___.

_____
Signature

ACKNOWLEDGEMENT

THIS IS TO CERTIFY that on this _____ day of _____, 20___, personally appeared before me _____, to me known to be the individual described in and who executed the within Authorization for Payment and Release and acknowledged that s/he signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal the day and year last above written.

Notary Seal

_____
Notary Signature

Notary Public in and for the State of _____,

residing at _____

My Commission Expires: _____