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**Authorization to Electronically Transmit Information**

I \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ give my  
Permission to the UFCW & Employers Trust, LLC to transmit the requested personal and/or  
financial information as follows:

\_\_\_\_\_ Pension Benefit Verification, including deductions and length of benefit  
(for Loan and Income verification purposes)

\_\_\_\_\_ 1099-R for the year(s): \_\_\_\_\_

\_\_\_\_\_ Annual Pension Payment Verification form

\_\_\_\_\_ Other: \_\_\_\_\_

**Send directly to Me at:**

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

**OR**

**Send directly to Company/Organization:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_