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Kansas City, Missouri 64150 www.kansascityfamilylaw.com

**AUTHORIZATION AND CONSENT TO DISCLOSURE OF**

**FINANCIAL INFORMATION IN A DIVORCE MATTER**

|  |  |
| --- | --- |
| **TO** |  |
| **Account Holder’s Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Social Security Number** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date of Birth** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

I, Participant, am employed or have been employed by (“employer”) and am a participant in, or am covered by, one or more of its pension, retirement or other employee pension benefit, employee welfare or employee benefit plans.

I hereby authorize the Employee Benefits Department of the Employer, or any other department, agent, officer, or employee or any Plan Administrator of all such plans to provide information and copies of any and all documents relating or pertaining in any way to employee and retirement benefits (including, without way of limitation, any and all pension, retirement, profit sharing, employee savings, 401(k), benefit or similar plans of every type and description), account balance, and plan documents, for the purpose of drafting a Qualified Domestic Relations Order or similar document(s) to:

Pingel Family Law, LLC

ATTN: Mandee Rowen Pingel, JD

Briarcliff Professional Plaza

1801 NW Platte Road, Suite 250

Kansas City, Missouri 64150

[team@kansascityfamilylaw.com](mailto:team@kansascityfamilylaw.com)

Phone: (816) 880-0077

Facsimile: (913) 374-0770

This Authorization to Release financial information shall also be deemed to apply to any military pension rights or other benefits arising out of military service, and any federal, state, or local government civil service pension or other employee benefit plans.

You are further authorized to permit the examination and copying of all records, documents, and to all loans (whether or not approved) and to all loans with your institution upon which I am liable, individually or jointly with another, or as a guarantor.

You are further authorized to communicate (orally or in writing) with any member of said firm or its representative, for the purpose of explaining or disclosing any other information requested pursuant to this Authorization.

A photocopy, email or fax of this Authorization shall have the same force and effect as the original. I also understand that I may revoke this consent at any time but request that it remain in full force and effect until you have received written revocation from me. Further, this authorization is good regardless of the date which I signed and had it notarized.

Dated:\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**

STATE OF \_\_\_\_\_\_\_\_\_\_\_ )

) ss.

COUNTY OF \_\_\_\_\_\_\_ )

On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2024, before me, a Notary Public, personally appeared the above named person who acknowledged signing the above and foregoing instrument as his/her free act and deed.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed my official seal in said County and State, the day and year last above written.

/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires: