

**CARPENTER FUNDS ADMINISTRATIVE OFFICE  
OF NORTHERN CALIFORNIA**

265 Hegenberger Road, Suite 100  
P.O. Box 2280

Oakland, California 94621-0180

Tel. (510) 633-0333 ✧ (888) 547-2054 ✧ Fax (510) 633-0215



**Consent for Release of Information**

If you wish to authorize the Trust Fund Office to release information about your accrued benefits to someone other than you, please complete the section below:

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I, \_\_\_\_\_, authorize the Trust Fund Office to release information to the person(s) listed below regarding my benefits accrued under the following Funds\* (check all that apply):

- Carpenters Pension Trust Fund for Northern California
- Carpenters Annuity Trust Fund for Northern California
- Carpenters Vacation & Holiday Trust Fund for Northern California
- Northern California Carpenters 401(k) Plan

To release information or records about my accrued benefit(s) to:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

(To authorize additional people or entities please attach an additional sheet or request additional forms from the Trust Fund Office.)

I would like this authorization to expire \_\_\_\_\_. (Optional)

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's CFAO ID#, UBC# or Social Security Number: \_\_\_\_\_

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\* Please note that the Carpenters Health and Welfare Trust Fund for California has specific requirements regarding authorizations for the release of Protected Health Information. If you would like to authorize someone to have access to your benefit information under the Health and Welfare Fund please contact the Trust Fund Office for the appropriate forms or download them from our website at [http://www.carpenterfunds.com/par\\_downloads.html#hw](http://www.carpenterfunds.com/par_downloads.html#hw).