

**Authorization to Request Benefit Estimate from the Florida Retirement System**

I, the undersigned, duly authorize the Florida Retirement System, its successors, employees and departments, to supply Attorney Matthew Lundy, Esq. and Matthew Lundy Law, and/or its agents with any and all statements/estimates of my benefits under the Florida Retirement System, for the sole purpose of preparing a QDRO. Any such estimates can be emailed to Info@MLundyLaw.com.

To facilitate handling this matter, I authorize you to reveal this information by phone, letter, email or fax to my designated agents. In addition, I ask that you honor faxed transmissions of this authorization form or copies thereof recognizing that the originals will be forwarded, if requested, for your records.

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_