RELEASE OF FINANCIAL AND EMPLOYMENT INFORMATION

Pursuant to Alaska Civil Rule 26 and 26.1 and for use only in divorce, legal separation or custody litigation, I, _____, hereby consent and authorize those who have custody of or knowledge of my financial information to release, copy and discuss the information described below in sections A and B with:

- ☐ my attorney and staff_____
- ☐ the opposing party _____
- ☐ the opposing party's attorney and staff _____
- ☐ other _____

A. **All information and documents held by any bank, credit union, savings and loan institution, stock brokerage, insurance company, governmental agency, or other financial institution relating to my finances and assets and to any account upon which I have signatory power.** This Release extends to all documents, including, but not limited to, records of account balances, the front and back of canceled checks, deposit records, credit reports, loan payment records, financial statements, loan applications, certificates of deposit, or other financial documents of any kind, such as documents in the possession of the State of Alaska and federal agencies, if any. This Release includes information available to me as a shareholder of any corporation, trust beneficiary or as a partner of any partnership in which I may own an interest, and this release includes financial records held by any accountant or bookkeeper.

B. **All information and documents held by any employer past or current, regarding my earnings and employee benefit information (including but not limited to health insurance, cashable leave, stock options, deferred compensation, pension, retirement or profit sharing information and perquisites or in-kind compensation such as employer-provided housing or transportation benefits) held by any employer, former employer or retirement plan.** This Release applies to any federal (including CSRS and FERS), State of Alaska, or local government civil service pension or other employee benefit plans.

Expiration: This Release expires one year from the date stated below unless revoked in writing and distributed in the same manner as this Release. Revocation will not affect information released prior to revocation.

This Release does not authorize anyone to change any accounts or financial information. A photocopy of this Release shall be considered as effective and valid as the original.

Name: _____ Date of Birth _____ SSN: _____

_____ _____

Date *Signature of Person Releasing Information*

The foregoing instrument was acknowledged before me on _____, 20__, by the person named above.

(SEAL) _____

Notary Public in and for _____

My commission expires: