



## **SUBPOENA RIDER**

Please provide us with copies of all of the following information or documents, as pertains to your employee NAME, SSN # xxx, for the period of time from DATE to the present, unless otherwise specified:

### ***EMPLOYEE PAY AND COMPENSATION***

1. Please provide NAME's 2009 and 2010 W-2 forms from your company;
2. Please provide NAME's most recent paycheck or paystub, with year-to-date totals;
3. Please provide any and all other documentation in your possession pertaining to NAME's total employment compensation, including information detailing any bonuses, commissions, incentives, overtime pay, shift differential pay or other compensation he or she has received from your company during the time period in question;
4. Please provide all any and all other documentation in your possession pertaining to NAME's other employee benefits, including health insurance coverage, dental insurance, life insurance, a company car benefit or mileage reimbursement, club memberships or discounts, and the like.

### ***EMPLOYEE RETIREMENT BENEFITS***

5. Please provide any and all documentation pertaining to any pension benefits which NAME has accrued with your company to date. This includes, but is not limited to, the most recent statement of his or her total accrued pension benefits from your company, to date, if any; what he or she has paid to date towards any such pension plans; documents substantiating whether he or she is yet vested in any pension plan with your organization; and what his or her present monthly anticipated pension benefit would be, as accrued to date, upon his or her reaching eligible age for retirement in any such plan.
6. Please provide copies of all contributions NAME has made to any 401(k), 403(b), 457 or I.R.A. retirement savings accounts deducted from his or her payroll from your company during the time period in question, as well as copies of any company matching of funds or contributions made by the company for NAME's benefit to any such accounts during the time period in question.
7. Please provide copies of all monthly 401(k), 403(b), 457 or I.R.A. retirement account statements for NAME for the period of time in question. If any of those statements are not issued monthly, then please provide whatever periodic statements were issued during said time (such as quarterly reports). Said statements should include, but are not limited to, verifying the balance of funds in those accounts at

those times, as well as documenting any deposits, withdrawals, disbursements, or loans outstanding against those 401(k), 403(b) or 457 funds. Please also provide a current statement of the present balance in any and all of NAME's 401(k), 403(b) or 457 retirement accounts with your company, or with the plan administrator who manages your employee's retirement benefits.

8. Please provide documentation of any and all other retirement benefits NAME has earned, accrued, or become entitled to as a result of his or her employment with your company to date.