



60 East South Temple • P.O. Box 45530
 Salt Lake City, Utah 84145
 Telephone 1-801-578-5600 • Toll free 1-800-777-3622
 Fax 1-801-578-5904 • Web site: www.dmba.com

Consent to Access Savings Information

To Deseret Mutual Savings Department:

I, _____, do hereby grant to
 (Participant)

_____ my permission to access any
 (Name of Spouse or Other Person)
 information about my savings account(s) at Deseret Mutual Benefit Administrators.

The password or number to be used for him/her to gain access is _____.

Social Security Number/Deseret Mutual ID: _____

Email Address: _____

Phone number: _____

Signed: _____ Date: _____
 (Participant's signature must be witnessed below)

WITNESS OF PARTICIPANT'S SIGNATURE

To be completed by a representative of Deseret Mutual or a Notary Public

On this _____ day of _____, 20 _____,
 (day) (month) (year)

 (Print the name of the participant)

personally appeared before me and proved to me on the basis of satisfactory evidence to be the person whose name is on this form and I acknowledge that he/she signed the Consent to Access Savings Information form.

Signed _____
 (Notary Public or Authorized Deseret Mutual Representative)

State of _____

County of _____

(SEAL)

My commission expires _____