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Information Release Authorization

To Deseret Mutual Retirement Department:

I, _____ (participant name) grant authorization to _____ to access the checked information below about my Master Retirement Plan at Deseret Mutual. This authorization will be in force until I revoke or change it. The password or number to be used for him/her to gain access is _____.

- Retirement benefit payment amount
- Bank account information
- Tax information
- Medical / life insurance premiums
- Beneficiary information

Signed _____ Dated _____

Deseret Mutual Identification Number (DMID) _____

To be completed by a Notary Public or an Authorized Deseret Mutual Representative

On this ____ day of _____, 20____, _____ (participant), appeared before me and proved to me, on the basis of satisfactory evidence, to be the person whose name is on this document and I acknowledge that he/she executed the same.

Signed _____ OR _____
NOTARY PUBLIC AUTHORIZED DESERET MUTUAL REPRESENTATIVE

State of _____,

County of _____

SEAL

My commission expires _____