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Information Release Authorization (To release information to my employer)

To Deseret Mutual's Retirement Department:

I, _____ (participant name)

grant authorization for my employer _____

(company name) to access the following checked information about my Master Retirement Plan

(authorization is valid for 12 months from the date this authorization is signed):



Retirement benefit information



Retirement application / calculation



Tax information



Medical / life insurance premiums



Employment / salary history from a previous employer

Signed _____ Dated _____

Deseret Mutual Identification Number (DMID) _____