



150 Social Hall Avenue, Suite 170  
 P.O. Box 45530 • Salt Lake City, Utah 84145  
 Telephone: 801-578-5600 • Toll free: 800-777-3622  
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## AUTHORIZATION TO DISCLOSE RETIREMENT OR LIFE & ACCIDENT BENEFIT INFORMATION

### PARTICIPANT INFORMATION (REQUIRED)

I, \_\_\_\_\_, authorize Deseret Mutual Benefit Administrators (DMBA) to disclose information to the following (check box for all that apply):

1. Full name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Retirement: Deseret 401(k), Retirement *PLUS*, Savings Annuity, and Master Retirement Plan  
 Life & Accident: Group Term Life, Supplemental Group Term Life, 24-Hour Accidental Death & Dismemberment
2. Full name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Retirement: Deseret 401(k), Retirement *PLUS*, Savings Annuity, and Master Retirement Plan  
 Life & Accident: Group Term Life, Supplemental Group Term Life, 24-Hour Accidental Death & Dismemberment
3. Full name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Retirement: Deseret 401(k), Retirement *PLUS*, Savings Annuity, and Master Retirement Plan  
 Life & Accident: Group Term Life, Supplemental Group Term Life, 24-Hour Accidental Death & Dismemberment

**Duration/Revocation:** This authorization to disclose information is valid until it is revoked in writing. I may revoke this authorization by writing to:

DMBA  
 Attn: Member Services  
 P.O. Box 45530  
 Salt Lake City, UT 84145

(Revocation will be valid only for future acts taken **after** DMBA receives your revocation.)

DMBA does not disclose your personal identifiable or specific information about your retirement plan(s) or beneficiaries to anyone, including your spouse and family members, without your express permission or as required by law. By signing, dating, and returning this form, you permit us to disclose information to the individual(s) you have indicated above, as permitted by law. **Please note that this authorization does not allow those listed to conduct transactions on your behalf.**

Your signature authorizing this action: \_\_\_\_\_ Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ DMBA ID number: \_\_\_\_\_

### PERSONAL REPRESENTATIVES

If this authorization is signed by a person acting on your behalf, he or she must attach documentation demonstrating authority to act on your behalf (e.g., power of attorney, guardianship, conservatorship, etc.).

Personal representative: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please return completed form to DMBA, Attention: Member Services, P.O. Box 45530, Salt Lake City, Utah 84145**