

AUTHORIZATION TO DISCLOSE RETIREMENT OR LIFE AND ACCIDENT BENEFIT INFORMATION

PARTICIPANT INFORMATION (REQUIRED)

I, _____, authorize Deseret Mutual Benefit Administrators (DMBA) to disclose information
PARTICIPANT FULL NAME

to the following (check box for all that apply):

1. Full name: _____ Birth date: _____
☐ Savings: Deseret 401(k) Plan, Puerto Rico Thrift Plan, and/or Employer Discretionary Retirement Contribution (EDRC)
☐ Retirement: Master Retirement Plan
☐ Life and Accident: Group Term Life, Supplemental Group Term Life, 24-Hour Accidental Death & Dismemberment
2. Full name: _____ Birth date: _____
☐ Savings: Deseret 401(k) Plan, Puerto Rico Thrift Plan, and/or Employer Discretionary Retirement Contribution (EDRC)
☐ Retirement: Master Retirement Plan
☐ Life and Accident: Group Term Life, Supplemental Group Term Life, 24-Hour Accidental Death & Dismemberment
3. Full name: _____ Birth date: _____
☐ Savings: Deseret 401(k) Plan, Puerto Rico Thrift Plan, and/or Employer Discretionary Retirement Contribution (EDRC)
☐ Retirement: Master Retirement Plan
☐ Life and 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.**

PARTICIPANT OR PERSONAL REPRESENTATIVE SIGNATURE

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.). I am the: ☐ Participant ☐ Personal Representative

Signer name: _____

Participant DMBA ID number: _____ Relationship to participant (if applicable): _____

Signer email: _____ Signer phone: _____

Signature: _____ Date (MM/DD/YY): _____

Please return this completed form to DMBA, Attention: Member Services, P.O. Box 45530, Salt Lake City, UT 84145-0530. You may also email it to enrollmenthelp@dmba.com or fax it to 801-578-5933. For questions, visit www.dmba.com or call us at 801-578-5600 or toll free at 800-777-3622.