



150 Social Hall Avenue, Suite 170
 P.O. Box 45530 • Salt Lake City, Utah 84145
 Telephone: 801-578-5600 • Toll free: 800-777-3622
 Fax: 801-578-5933 • Website: www.dmba.com

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 or Transitional 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 or Transitional 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 or Transitional 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