YMCA RETIREMENT FUND
SAVINGS FOR LIFE

# REQUEST FOR RELEASE OF INFORMATION TO A THIRD PARTY

**This form may not be valid unless it is completed without erasures or alterations. This form MUST be notarized. Faxes and copies will not be accepted. Your request will not be processed until the YMCA Retirement Fund receives the properly completed form.**

I authorize the YMCA Retirement Fund to release any requested information regarding my retirement accounts and benefits to my representative named below:

☐ Mr ☐ Ms
☐ Mrs ☐ Miss _____ _____/_____/_____
First Name of Representative | Middle | Last Name | Effective Date (mm/dd/yyyy)

_____
Company (if applicable) | Home Phone | Email Address

_____
Street Address | City | State | Zip

## FOR TEMPORARY RELEASE OF INFORMATION TO A THIRD PARTY

If this authorization is only temporary, please indicate the final date you wish for the above named person to act as your representative.

**Final effective date of authorization:** _____/_____/_____
(mm/dd/yyyy)

## SIGNATURE AND NOTARIZATION

**This section must be signed in the presence of a notary public.**

I understand that this request supersedes all previous requests, and that I may revoke this request in writing at any time.

**Name of Participant** _____ **SSN #** ☐☐☐-☐☐-☐☐☐☐

PARTICIPANT SIGNS _____

**NOTARY SEAL:**

**NOTARY PUBLIC AS WITNESS:**

Subscribed and sworn before me this __ day of _____ , 20__

NOTARY SIGNS _____

State of _____

My Commission Expires _____

ASR 35 7/15

**YMCA Retirement Fund**
**120 Broadway, New York, NY 10271 1999**
**Tel 646 458 2400 or 800 RET YMCA**
**processingdept@ymcaret.org, www.yretirement.org**

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