

## 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. The notary must use an INK stamp if you plan to submit this form electronically to the YMCA Retirement Fund. Log in to your account at <a href="https://www.yretirement.org">www.yretirement.org</a> and go to Document Uploader under Account Services to securely upload your completed form/documents. 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:					
First Name of Representative	Middle	Last Name		Effective Date (mm/dd/yyyy)	
Company (if applicable)					
Home Phone	Mobile	Email (Po	Email (Personal Preferred)		
Street Address		City	State	Zip	
FOR TEMPORARY RELEASE O	F INFORMATION TO A THIE	RD PARTY			
If this authorization is only tempora	ry, please indicate the final dat	e you wish for the above named	person to act as your re	presentative.	
Final effective date of authorization:	/ (mm/dd/yyyy)				
SIGNATURE AND NOTARIZATION	ON				
This section must be signed in the	e presence of a notary public				
I understand that this request sup			quest in writing at any ti	ime.	
Name of Participant		SSN #			
PARTICIPANT SIGNS					
NOTARY SEAL:		NOTARY PUBLIC AS WIT	INESS:		
		Subscribed and sworn I	before me this day	of , 20	
		NOTARY SIGNS			
		State of			
		My Commission Expires	My Commission Expires		