



# 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. The notary must use an **INK stamp** if you plan to submit this form electronically to the YMCA Retirement Fund. 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 (Personal Preferred) \_\_\_\_\_

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 \_\_\_\_\_