

## 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 or Puerto Rico Thrift Plan  
 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 or Puerto Rico Thrift Plan  
 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 or Puerto Rico Thrift Plan  
 Retirement: Master Retirement Plan  
 Life and Accident: Group Term Life, Supplemental Group Term Life, 24-Hour Accidental Death & Dismemberment

### REVOCACTION OF ACCESS

By completing this section and submitting the form to DMBA, I hereby revoke authorization to my account information for the following individual(s):

1. Full name: \_\_\_\_\_ Birth date: \_\_\_\_\_
2. Full name: \_\_\_\_\_ Birth date: \_\_\_\_\_

I may also revoke authorization by signed and dated letter to DMBA, Attn: Member Services–Member Support, P.O. Box 45530, Salt Lake City, UT 84145.  
**Revocation becomes effective only after it is received and processed by DMBA. The revocation will not apply to use and/or disclosure of information that occurs before the written revocation request is received and processed by DMBA.**

### 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 signed (MM/DD/YY): \_\_\_\_\_

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