

## EMPLOYER INFORMATION RELEASE AUTHORIZATION

### PARTICIPANT INFORMATION (REQUIRED)

To Deseret Mutual Benefit Administrators:

I, \_\_\_\_\_ (participant name) grant authorization for my employer \_\_\_\_\_ (company name) to access the checked information below about my Master Retirement Plan at DMBA. This authorization is valid for 12 months from the date this authorization is signed.

- ☐ Retirement benefit information
- ☐ Retirement application
- ☐ Retirement calculation
- ☐ Tax information
- ☐ Employment history from a previous employer
- ☐ Salary history from a previous employer

Name: \_\_\_\_\_

DMBA ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form to [retirementhelp@dmba.com](mailto:retirementhelp@dmba.com). You may also mail it 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.**