BENEFITS & RETIREMENT fcmm

Free Church Ministers' & Missionaries' Retirement Plan
901 East 78th Street, Minneapolis, MN 55420-1300
(800) 995-5357 | Fax (952) 853-8474

12 – THIRD PARTY DISCLOSURE AUTHORIZATION

Use this form to authorize a third party OR cancel a previous third party authorization

Participant's Social Security Number: _____

Full Legal Name of Participant: _____
First Middle Last

Present Address: _____
Street City State Zip Code

Phone Numbers: _____ _____
Primary Alternate

Email Address: _____

I, the undersigned, hereby **authorize** the FCMM Retirement Plan to disclose and discuss my account information including, but not limited to, its value and the investment & benefits options available to me with the following person:

Name of Third Party: _____
First Middle (if known) Last

Relationship:
- ❑ Spouse
- ❑ Financial Counsel: Company: _____
- ❑ Power of Attorney (Attach POA documentation)
- ❑ Other (please specify): _____

Authorization Start Date: _____ Authorization End Date: _____

FCMM may require third party to verify your identifying information before disclosing account information.

I, the undersigned, hereby **cancel authorization** for the FCMM Retirement Plan to disclose or discuss account information with the following person:

Name of Third Party: _____
First Middle (if known) Last

Authorization End Date: _____

This authorization will remain in force during the dates specified above or until revoked or modified by me through written request to the Trustees of FCMM.

Participant's Signature: _____ Date: _____

Please make a copy of this form for personal records and Mail, Email or Fax a copy to:

FCMM Benefits & Retirement
901 East 78th Street
Minneapolis, MN 55420-1300
fcmm@fcmmbenefits.org
Fax (952) 853-8474

Contact our office at the numbers below with any questions you may have regarding this form or FCMM.

For FCMM Office use only

Account #: _____ Received Date: _____ Recorded by: _____ Date: _____