



Free Church Ministers' & Missionaries' Retirement Plan

901 East 78th Street, Minneapolis, MN 55420-1300
(800) 995-5357 | Fax (952) 853-8474

FORM 12 - THIRD PARTY DISCLOSURE AUTHORIZATION

Use this form to authorize FCMM to discuss your account with a third party OR to stop an authorization.

Participant's Social Security Number : _____

Full Legal Name of Participant: _____
First Middle Last

Current 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: _____

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:** _____

*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: _____

Participant's Signature: _____ **Date:** _____

Please submit this completed form to FCMM by mail, secure file exchange, or fax.

Mail:
FCMM Benefits & Retirement
901 East 78th
Street, Minneapolis, MN 55420

Secure File Exchange:
<https://fcmmbenefits.leapfile.net/>

Fax:
(952)853-8474

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A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

For FCMM Office use only

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