



**REQUEST FOR RELEASE OF INFORMATION TO A THIRD PARTY**

**RTH**

This form is valid only when completed, signed and notarized

**I. Participant Information**

Participant Name (First, Middle, Last)	_____	_____ - _____ - _____ Social Security Number
Home Address (Street)	_____	Date of Birth: _____ (MM/DD/YYYY)
(City, State, Zip)	_____	(area code) _____ (area code) _____ Home Telephone Number Work Telephone Number

**II. Authorization**

I authorize the YWCA Retirement Fund to release any requested information regarding my retirement account and benefits to my representative named below: **Effective** \_\_\_\_\_  
(MM/DD/YYYY)

Mr     Mrs  
 Ms     Miss

Representative Name (First, Middle, Last) \_\_\_\_\_

Company Name (If applicable) \_\_\_\_\_

(Street, City, Zip) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ (area code) \_\_\_\_\_ Telephone Number, Extension \_\_\_\_\_ Email Address \_\_\_\_\_

**Discontinue/Revoke:** Authorization for release of information to third party: **Effective** \_\_\_\_\_  
(Notary not required to discontinue/revoke) (MM/DD/YYYY)

**III. Signature and Notarization**

**This section must be signed in the presence of a notary public.**

I authorize the YWCA Retirement Fund, to release my information to the representative indicated above. I understand that my request will remain in effect for one year from the date it is received or until I discontinue /revoke my request by submitting another Request for Release of Information to a Third Party form at any time.

▶ **Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**A NOTARY PUBLIC MUST NOTARIZE THE SECTION BELOW**

State of \_\_\_\_\_ County of \_\_\_\_\_

On (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ before me, (name and title of notary public or officer) \_\_\_\_\_,

personally appeared (name of person signing instrument) \_\_\_\_\_, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

**Witness my hand and official seal** ▶ **Signature of Notary** \_\_\_\_\_ **Seal:** \_\_\_\_\_