FREE CHURCH MINISTERS & MISSIONARIES
RETIREMENT PLAN
901 East 78th Street
Minneapolis, MN 55420
(800) 995-5357 ▪ Fax (952) 853-8474

12 – THIRD PARTY DISCLOSURE AUTHORIZATION

Participant's Social Security Number: _____

Full Name of Participant: _____
Exactly as it appears on your Social Security card — First — Middle — Last

Present Address: _____
Street — City — State — Zip Code

Phone Numbers: _____ _____
Home — Work

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 Retirement Plan
901 East 78th Street
Minneapolis, MN 55420-1300
fcmm@efca.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: _____