

## Participant Information Release—Information and Instructions

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### INFORMATION

This form allows you to permit Wespath to release information about your accounts and benefits to one or more named individuals.

This individual cannot:

- Update personal information (e.g., spelling of name, date of birth, marriage date)
- Complete transactions
- Make account-related decisions

### INSTRUCTIONS

#### Part 1 – Personal Information

Complete your personal information. Use a black pen and print clearly in CAPITAL LETTERS.

#### Part 2 – Information Release

Allow access to information about:

- All plans—permit information to be shared about all current and past Wespath-administered plans in which you participate, will participate, or have participated **OR**
- Specific plans—permit information to be shared only about plans for which you have checked the boxes

#### Part 3 – Authorized Individuals

Provide information about the individual(s) who you will allow to access your account information and benefit details. Then, enter an effective date. This release may be revoked at any time by notifying Wespath in writing. Spousal access is not revoked automatically upon divorce.

#### Part 4 – Signature

Read the acknowledgements and, if you agree, sign and date the form. Then, return it to Wespath at the address indicated. Keep a copy of the submitted form for your records.

## Participant Information Release

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This form authorizes Wespath to release information to authorized individuals.

### Part 1 – Personal Information

Name \_\_\_\_\_ Social Security # (last 5 digits) \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
Address \_\_\_\_\_ Primary phone # \_\_\_\_\_  
\_\_\_\_\_  
Birth date \_\_\_\_\_  
E-mail address \_\_\_\_\_

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### Part 2 – Information Release

I am/was a participant in a benefit plan administered by Wespath. I authorize the release of information regarding the following plans:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ALL PLANS   | <input type="checkbox"/> Comprehensive Protection Plan (CPP) | <input type="checkbox"/> Horizon 401(k) Plan  |
| <input type="checkbox"/> Clergy Retirement Security Program (CRSP)<br>(includes MPP and Pre-82 Plan) | <input type="checkbox"/> Basic Protection Plan (BPP)         | <input type="checkbox"/> <i>LifeOptions</i>   |
|  | <input type="checkbox"/> Personal Investment Plan (PIP)      | <input type="checkbox"/> Collins Pension Plan |
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### Part 3 – Authorized Individuals

The following individuals are authorized to receive information regarding the plans identified in Part 2:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

This release shall be effective beginning (date) \_\_\_\_\_ and shall remain in effect until it is revoked.

**Note:** Spousal access is not revoked automatically upon divorce.

**Part 4 – Signature**

By signing this form, I acknowledge that:

- I have read and understand the instructions.
- The named individual will not have transactional access to my account(s).
- This release does not authorize Wespath to release any protected health information.
- This release will be effective once it is signed, notarized and submitted to Wespath.
- I may revoke this release at any time by notifying Wespath in writing (e.g., at the time of divorce or death).
- I agree to indemnify, defend and hold harmless Wespath, its officers, directors, employees, agents and related entities from liability in connection with, or arising out of, the provision of such information or data.

Print name \_\_\_\_\_

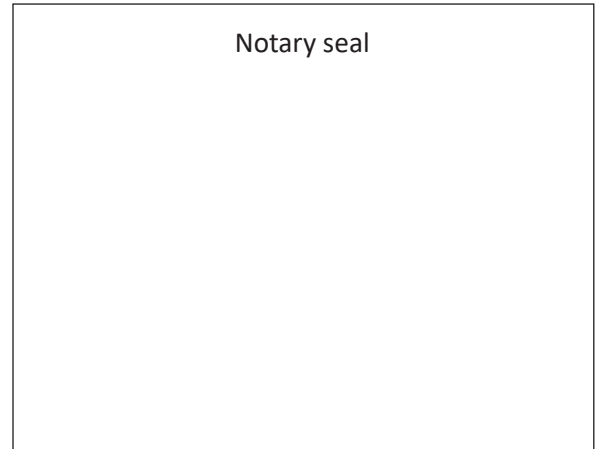
Participant signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of notary \_\_\_\_\_

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

Date \_\_\_\_\_



If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to [customersolutionsteam@wespath.org](mailto:customersolutionsteam@wespath.org) or
- Fax to **1-847-866-5195** or
- Mail to Wespath Benefits and Investments  
Customer Solutions  
1901 Chestnut Avenue, Glenview, IL60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at [benefitsaccess.org](http://benefitsaccess.org). When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.