

Participant Information Release—Information and Instructions

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

This form authorizes Wespath to release information to authorized individuals.

Part 1 – Personal Information

Name _____ Social Security # _____
 Address _____ Primary phone # _____
 _____ Birth date _____
 E-mail address _____

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"/> <i>UMLifeOptions</i> |
| <input type="checkbox"/> Clergy Retirement Security Program (CRSP)
(includes MPP and Pre-82 Plan) | <input type="checkbox"/> Basic Protection Plan (BPP) | <input type="checkbox"/> HealthFlex program |
| <input type="checkbox"/> Retirement Plan for General Agencies (RPGA) | <input type="checkbox"/> United Methodist Personal Investment Plan (UMPIP) | <input type="checkbox"/> Collins Pension Plan |
| | <input type="checkbox"/> Horizon 401(k) 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 _____

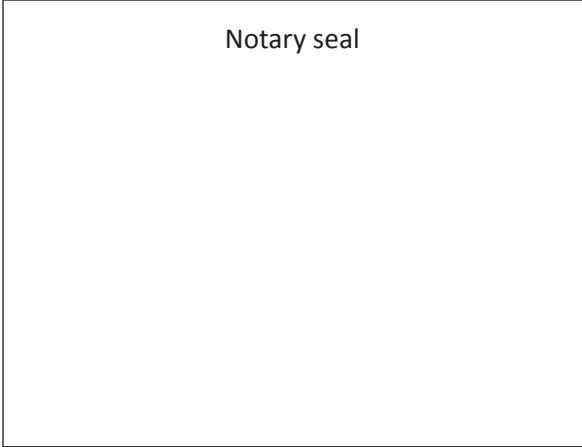
Participant signature _____

Date _____

Signature of notary _____

State of _____ County of _____

Date _____



Complete this form and send it by mail to:
Wespath Benefits and Investments, Call Center
1901 Chestnut Avenue, Glenview, IL 60025