

Monterey Culinary Pension Fund

702 Forest Avenue, Suite B * Pacific Grove, CA 93950

John Kitayama, Administrator

MONTEREY CULINARY PENSION FUND AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY

It is the policy of the Monterey Culinary Pension Fund to release personal information only to individuals who have been authorized by the Participant to receive such information.

(Exceptions are made with respect to outside consultants and service providers to the Pension Plan)

If there are any individuals or entities that you wish to authorize to receive information, you must submit their names to the Fund office; (for example, your spouse, other family members, business managers, accountants and attorneys)

Such an authorization does not mean that we will automatically send information to these persons; it simply means that we will release information to them if they request. Such information includes, but is not limited to: contribution and earning records, pension eligibility, beneficiary status and benefit amounts. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL YOU NOTIFY US OTHERWISE IN WRITING.

PLEASE NOTE: This authorization to Release Information to a Third Party Form does not apply to the release of an individual's Protected Health Information (PHI) by the Health Plan, which requires a specific Authorization for the Release of Health Information Form.

Right to Revoke. I understand that I have the right to revoke this Authorization at any time by submitting a written notice of my intent to revoke to the Plan at:

Monterey Culinary Insurance Fund – 702 B Forest Avenue, Pacific Grove, CA 93950

Any such revocation must adequately describe this Authorization. I understand that the Plan may rely on this Authorization and that no revocation will have any effect on any actions the Plan took before it received the revocation.

I authorize the Monterey Culinary Pension Plan – to release information on an as requested basis to the following third party:

Name of Third Party: _____ Relationship: _____

Address: _____ Phone: _____

Participant Name (please print)

ID #: _____

Signature – MUST BE SIGNED BY THE PARTICIPANT

Date: _____