

CONSENT FORM

I hereby authorize The Church Pension Fund ("<u>CPF</u>") to give information about the benefits provided to me by CPF or any of its affiliates to the individual(s) listed below.

 My attorney 	Name:	
	Address:	
	Phone:	
	F	
	Email.	
(Circle one)	Name:	
• My spouse	Address:	
My former spouseOther	Disth day (ADA/DD)	
Relationship:	Birthday (MM/DD): Last 4 Digits SSN:	
Ketationsinp.	Dhonor	
	Eore	
	Email:	
• The attorney for my spouse,	Name:	
former spouse or other person (as	Address:	
applicable)	Phone:	
	F	
	Email:	
	Participant's Signature	
	Client ID:	
	Date:	
STATE OF)		
):	SS.:	
COUNTY OF		
On the day of	, 20, before me, the u	ndersigned notary, personally
appearedsatisfactory evidence, to be the person who acknowledged to me that he/she executed to	, known to me, or pose name is subscribed to the foregoing the same for the purposes therein of	going instrument, and expressed.
[Natarial Channe on C - 1]		
[Notarial Stamp or Seal]	Notary Public	
**	•	
IV.	ly commission expires:	, 20

DMEAST #17033394 v4 Revised: November 2019