

# IMPORTANT

## Authorization to Release Information

Due to enhanced security measures, Authorization to Release Information forms require either:

- a) Notarization\* of the PWGA Authorization to Release Information form or
- b) Completion of a video call with a Plan representative in order to validate the identification of the participant.

\*The Plan office will accept traditionally notarized forms (signed in person with a notary public) via US mail to the address below. Remote online notarized forms are only accepted via email at [Emailbox@wgaplans.org](mailto:Emailbox@wgaplans.org).

## Authorization to Release Information

The Participant/Beneficiary should complete this form, only if the Participant/Beneficiary would like to authorize a person or entity to receive Pension information on his/her behalf. *Unless this form is returned (signed and dated by the Participant/Beneficiary), information will not be released to any unauthorized third party.* This authorization will remain in effect until such time that the Participant/Beneficiary notifies the Administrative Office in writing. A photocopy of this form will be treated as an original, with the full force and power of said original.

### SECTION 1 PARTICIPANT/BENEFICIARY INFORMATION

Please print or type the information below for the Participant or Beneficiary

<b>NAME</b>	<b>SOCIAL SECURITY NUMBER OR UNIQUE IDENTIFIER</b>
<b>TELEPHONE NUMBER (REQUIRED)</b>	<b>E-MAIL ADDRESS (REQUIRED)</b>

### SECTION 2 AUTHORIZED THIRD PARTY INFORMATION

Please print or type the information below for the third party authorized to receive Pension information on behalf of the Participant or Beneficiary.

<b>NAME OF INDIVIDUAL OR ENTITY</b>	<b>ALL INDIVIDUALS REPRESENTING ENTITY OR INDIVIDUAL NAMES (CHECK ONLY ONE AND LIST, IF APPLICABLE)</b>	
 	<input type="checkbox"/> ALL INDIVIDUALS REPRESENTING ENTITY, OR <input type="checkbox"/> ONLY THE FOLLOWING INDIVIDUALS:	
<b>STREET ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>POSTAL CODE</b>
<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>E-MAIL ADDRESS</b>

**ADDRESS INFORMATION RELATIVE TO PARTICIPANT/BENEFICIARY (PLEASE CHECK THE BOX BELOW TO INDICATE THAT THE ADDRESS ON RECORD FOR THE PARTICIPANT/BENEFICIARY SHOULD BE UPDATED. IF THE BOX IS NOT CHECKED, THEN THE PARTICIPANT/BENEFICIARY'S ADDRESS WILL NOT BE UPDATED.)**

UPDATE THE PARTICIPANT/BENEFICIARY'S ADDRESS ON RECORD FOR PENSION PURPOSES TO THE ADDRESS IN THIS SECTION 2.

**SECTION 3 PARTICIPANT/BENEFICIARY'S ACKNOWLEDGEMENT**

I authorize the individual or entity in Section 2 to receive Pension information from the Producer-Writers Guild of America Pension Plan (the "Plan") and that the Plan may act under this authorization upon receipt. I agree to hold the Plan harmless from any claims that may arise against the Plan because of the Plan's reliance on this authorization. I understand that this authorization will remain in effect unless and until I notify the Administrative Office in writing.

SIGNATURE

DATE

SIGN HERE

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of \_\_\_\_\_)

On \_\_\_\_\_, before me, \_\_\_\_\_ (insert name and title of the officer), personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
Notary Public Signature

(Seal)