

CONSENT FORM

I hereby authorize The Church Pension Fund (“CPF”) 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: _____
Fax: _____
Email: _____

(Circle one)

- My spouse
- My former spouse
- Other

Relationship: _____

Name: _____
Address: _____
Birthday (MM/DD): _____
Last 4 Digits SSN: _____
Phone: _____
Fax: _____
Email: _____

- The attorney for my spouse, former spouse or other person (as applicable)

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

A copy of this completed consent form may be sent:

- if this consent is being submitted in connection with a divorce proceeding, to CPG’s Legal Department at QDRO@cpg.org, or by fax at (212) 592-9428.
- if this consent is being submitted for any other reason:
 - via MyCPG by going to CPG.org, signing in, and clicking “Document Upload” in *Resources*
 - to CPG Client Services by email to benefits@cpg.org or by fax at (877) 432-9274.

This consent will remain in effect until a written revocation is received by CPF. All revocations must be sent to: The Church Pension Fund, c/o Legal Department, 19 East 34th Street, New York, NY 10016; by email to QDRO@cpg.org; or by fax at (212) 592-9428.

Participant’s Signature
Name (printed): _____
Client ID: _____
Date: _____

STATE OF _____)
) ss.:
COUNTY OF _____)

On the ____ day of _____, 20____, before me, the undersigned notary, personally appeared _____, known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes therein expressed.

[Notarial Stamp or Seal]

Notary Public

My commission expires: _____, 20____