CHURCH PENSION FUND
Serving the Episcopal Church and its People

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: _____

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 and/or fax number (212) 592-9428.

_____
Participant's Signature
Name (printed): _____
Participant No.: _____
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___