

MO Deferred Comp Plan INFORMATION RELEASE AUTHORIZATION

Completing this form does *not* allow VOYA representatives to discuss the following types of information with anyone other than the member: bank account and bank routing numbers, medical records, beneficiary information, or details of Approved Domestic Relations Orders.

PLAN SELECTION		
Please select plan(s) that apply:		
☐ All Plans	MO Deferred Comp 457 Plan - 626681	MO Deferred Comp 457 Plan Bene - 626682
	MO Deferred Comp Incentive Plan- 62668	3 MO Deferred Comp Incentive Plan Bene - 626684
PARTICIPANT INFORMATION (please print clearly using black or blue ink)		
NAME:		SOCIAL SECURITY NUMBER:
ADDRESS:		APT:
CITY:STATE:ZIPCODE:		
DAYTIME PHONE NUMBER:MOBILE PHONE NUMBER:		
EMAIL:		
PARTICIPANT STATEN	MENT	
I authorize		to obtain information regarding my
account indicated above. I understand that this authorization is for information requests only and does not authorize this individual to conduct transactions on my behalf. All transactions must be completed by me.		
		DATE:/
Signed and attested to th	is day of	20
Notary Public Signature:		
Notary Public's City of Residence:		
Vous request connet be	second without a Naton Dublic Signature and San	Notary Stamp
Tour request cannot be pro	ocessed without a Notary Public Signature and Sea	Scal
		Ocal

MAILING INSTRUCTIONS

Please submit your completed form to:

, ,

Attn: MO Deferred Comp 1-855-545-2212

VIA FAX:

VIA MAIL:

Attn: MO Deferred Comp P.O. Box 389 Hartford, CT 06141 **VIA OVERNIGHT DELIVERY:**

Attn: MO Deferred Comp One Orange Way Windsor, CT 06095

If you have any questions or need to obtain additional plan or account information, please go online at www.modeferredcomp.org or call the MO Deferred Comp Service Center at 1-800-392-0925 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Central Time (excluding stock market holidays).