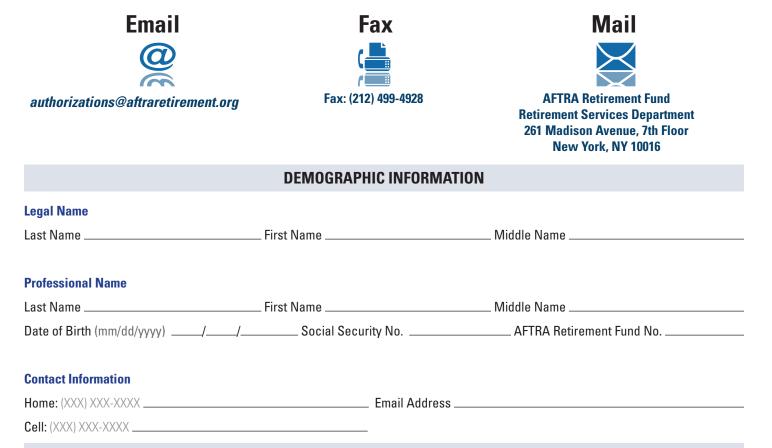
## AUTHORIZATION FORM



## DIRECTIONS

- 1. The Performer (or Benefit Recipient in receipt of a benefit) may complete and sign this form assigning authority to receive information about their earnings and/or benefit.
- This form is not required in the event you have given us a Power of Attorney (POA) which names the one person you wish to authorize. 2.
- 3. Each signed copy of this form replaces all prior submissions. A single authorization will be retained on file.
- 4. Submission: Please complete and return this form by email, fax or mail to:



## PERSON(S) AND ORGANIZATION(S) AUTHORIZED TO RECEIVE INFORMATION

This authorization will revoke any and all prior permissions that you may have given to anyone to receive information about your earnings and/or benefit information on your behalf.

The following Person(s) and/or Organization(s) are authorized to receive information about my earnings and/or benefit information on my behalf.

No.	Persons Authorized	Organization of Authorized Person (if applicable)	Relationship to the performer or benefit recipient
1			
2			
3			
4			
5			
6			

L hereby give consent to the authorized person(s) or Organization(s) listed above to also update/change my demographic information.

Performer or Benefit Recipient's Signature \_\_\_\_\_ Date (mm/dd/vvvv) \_\_\_\_/\_\_\_/

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