

Consent to Release Information

I/we (Delegate), _____, consent to the release of records or information on behalf of (Primary) _____, to the parties listed below on this form:

1. I/we request that the Your Digital Vault, release information related to the Primary Account holder listed above to the following Delegates associated with the account. This information should be released to:

(Name) (Phone) _____(Email)

(Name) (Phone) _____(Email)

(Name) (Phone) _____(Email)

2. Description of event:

I/we certify that the following life event occurred and documentation proving said event has been provided and/or is available for review. Documentation may be uploaded and or emailed to the Your Digital Vault team in order for our support review and acknowledgement.

- A. Bereavement Event. B. Life Altering Event

3. I/we release Your Digital Vault from all claims or causes of action arising out of or related to the release of records to the above-named delegate person(s).

4. I/we acknowledge that I/we have read this consent form and fully understand it.

5. I/we acknowledge that this consent form may not be changed orally, and that this consent form will automatically expire in 45 days from the date listed below. Should access be required after expiration date a new request will need to be submitted and approved.

_____ Name (Please print)

Signature _____ teams

Date _____