Release of Information

Beneficiary’s Name:

Address:

I hereby authorize TKN Associates, to obtain information from, and release information to, financial institutions, accounts payable, and service providers, in order to effectively manage my Social Security benefits. The information released includes, but is not limited to, bills, including rent, utilities, telephone, medical, credit cards, health care costs, insurance, and others as needed.

I understand that in order to revoke this authorization, I must do so in writing to TKN Associates. I understand that the revocation will not apply to information that has already been released. I understand that my authorization will remain effective from the date of my signature until I am no longer receiving services from TKN Associates.

I have read and understand the nature of this release.

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Signature of Beneficiary/ Guardian/Designated Representative Date