



**Representative Payee**

**CONSENT TO COMMUNICATE & RELEASE INFORMATION**

Permission to communicate with the Social Security Administration, healthcare providers, landlords, and other parties on the beneficiary's behalf.

Purpose: This consent allows Trust United Representative Payee to communicate with authorized parties, request information, exchange documents, and coordinate services necessary for representative payee management, benefit administration, bill payment, housing coordination, and compliance documentation.

Beneficiary Information	
<b>Beneficiary Full Legal Name</b> _____	<b>Trust United Account Number</b> _____
<b>Date of Birth</b> _____	<b>Last 4 SSN</b> _____
<b>Phone Number</b> _____	<b>Email Address</b> _____
<b>Address</b> _____	<b>City / State / Zip</b> _____

Authorized Representative / Guardian Information	
<b>Guardian/Representative Full Name</b> _____	<b>Relationship to Beneficiary</b> _____
<b>Phone Number</b> _____	<b>Email Address</b> _____
<b>Full Address</b> _____	<b>City / State / Zip</b> _____

Authorization to Communicate With	
<input type="checkbox"/> Social Security Administration	<input type="checkbox"/> Veterans Affairs
<input type="checkbox"/> Healthcare Providers	<input type="checkbox"/> Pharmacies
<input type="checkbox"/> Landlords / Housing Providers	<input type="checkbox"/> Assisted Living / Group Home

<input type="checkbox"/> Case Managers	<input type="checkbox"/> Guardians / Legal Representatives
<input type="checkbox"/> Banks / Financial Institutions	<input type="checkbox"/> Utility Companies
<input type="checkbox"/> Transportation Providers	<input type="checkbox"/> Other: _____

### Information That May Be Requested or Shared

<input type="checkbox"/> Benefit information	<input type="checkbox"/> Payment status
<input type="checkbox"/> Housing/rent information	<input type="checkbox"/> Medical appointment or care coordination information
<input type="checkbox"/> Medication/payment information	<input type="checkbox"/> Utility or bill information
<input type="checkbox"/> Documentation needed for onboarding	<input type="checkbox"/> Ledger/reporting information
<input type="checkbox"/> Emergency or discharge information	<input type="checkbox"/> Other: _____

Consent Statement: I authorize Trust United Representative Payee and its authorized staff to communicate with the selected parties and exchange information necessary to manage beneficiary funds, coordinate approved expenses, maintain accurate records, complete onboarding, respond to audits, and support the beneficiary’s financial care and compliance needs. This consent may be revoked in writing, except to the extent action has already been taken based on this authorization.

### Consent Duration

<input type="checkbox"/> One year from signature date	<input type="checkbox"/> Until revoked in writing
<input type="checkbox"/> During active Trust United services	<input type="checkbox"/> Other expiration date: _____

### Signature Authorization

<b>Beneficiary/Representative Printed Name</b> _____	<b>Relationship/Title</b> _____
<b>Signature</b> _____	<b>Date</b> _____
<b>Witness/Staff Name</b> _____	<b>Witness/Staff Signature &amp; Date</b> _____