

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name: 1 Ken Customer	Date of Birth: 2 01/01/1980	Social Security Number: 3 111-11-1111
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I want this information released because I am conducting the following business transaction:

4 Seeking a Mortgage — Purpose must be included. Example: Mortgage application

5 Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service Banking Service
 - Background Check License Requirement
 - Credit Check Other
- Must check one box*

with the following company ("the Company"):

6 Company Name: Allied Mortgage Group, Inc.

7 Company Address: 7 Bala Ave. Suite 108 Bala Cynwyd PA 19004

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

8 PitchPoint Solutions Corp
8586 Potter Park Dr Ste 108, Sarasota, FL 34238

This agent name and address must be present

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

9 optional This consent is valid for _____ days from the date signed. _____ (Please initial.)

10 Signature _____ *Hand sign only; digital signatures not permitted* Date Signed **11** _____ *Date must be within 90 days or as indicated above*

12 optional Relationship (if not the individual to whom the SSN was issued): _____ *Only relationship permitted is legal guardian. Additional documentation must be attached to this form.*

Contact information of individual signing authorization:

13 Address _____

14 City/State/Zip _____

15 Phone Number _____

Form SSA-89 (06-2013) *← Only approved form*

16 Don't forget to include page 2

Privacy Act Statement

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF -----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>