**<u>Exhibit C – SSA Written Consent Template</u>**

### <u>Option 1: Static Purpose:</u>

### Authorization for the Social Security Administration to Disclose Your Social Security Number Verification

I authorize the Social Security Administration (SSA) to verify and disclose to [Name of Financial Institution] through [Name of Service Provider, (if one), their service provider] for the purpose of this transaction whether the name, Social Security Number (SSN) and date of birth I have submitted matches information in SSA records. My consent is for a one-time validation within the next [number of days].

### <u>Option 2: Dynamic Purpose:</u>

### Authorization for the Social Security Administration to Disclose Your Social Security Number Verification

I authorize the Social Security Administration (SSA) to verify and disclose to [Name of Financial Institution] through [Name of Service Provider, (if one), their service provider] for the purpose of [insert specific purpose] whether the name, Social Security Number (SSN) and date of birth I have submitted matches information in SSA records. My consent is for a one-time validation within the next [number of days].

*NOTE: The Permitted Entity or Financial Institution must maintain evidence documenting the specific purpose in accordance with sections III, IV, and VIII of the user agreement.