

## MANDATORY SAVINGS ACCOUNT EXEMPTION

Name	DOC number	Facility	
I am requesting an exemption to the mandatory savings account for one of the reasons checked below:			
Earned Release Date (ERD) beyond life expectancy (Classification Counselor (CC) forwards to Records)			
Terminal Illness - ERD beyond life expectancy (CC forwards to Health Services)			
Cimpotomo	Data		
Signature	Date		
HEALTH SERVICES			
Individual <u>is</u> terminally ill with approximately years and months life expectancy (forward to Records)			
Individual is not terminally ill (return to CC)			
Nome	Cignoture		Doto
Name	Signature		Date
RECORDS			
Date of birth: Age:	Life expectancy:	ERD: _	
☐ ERD <u>is</u> beyond life expectancy (forward to Business Office)			
ERD is not beyond life expectancy (return to CC)			
Name	Signature		Date
BUSINESS OFFICE			
Trust Associating ampleuse name	Cignoture		Doto
Trust Accounting employee name	Signature		Date
The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.			

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