



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 TitleMax of Wisconsin, Inc., d/b/a TitleMax ("TitleMax") through Socure, Inc., 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 90 days.

By clicking as indicated and proceeding forward, you are signing the consent for SSA to disclose your SSN Verification as indicated above. You agree that your electronic signature has the same legal meaning, validity, and effect as your handwritten signature.