

**RELEASE OF
INFORMATION
AUTHORIZATION**

PENSION PLAN USE ONLY	
PERSON ID	
College Pension Plan	
PO Box 9460 Victoria BC V8W 9V8	
Location	2995 Jutland Road, Victoria
Web	college.pensionsbc.ca
Victoria	250 953-4324
Toll-free in BC	1 888 440-0111
Fax	250 953-0412
E-mail	CPP@pensionsbc.ca

INSTRUCTIONS:

- Complete this form to allow the College Pension Plan to disclose your pension information to the third party described below in part A.
- This authorization is voluntary. You may revoke it at any time by contacting the pension plan in writing.
- Sign and date this form and forward it to the College Pension Plan. Make a copy for your records.

PART A – DIRECTION

PLAN MEMBER LAST NAME	FIRST AND MIDDLE NAME(S)	HOME PHONE NO. <i>(include ten digits)</i>	SOCIAL INSURANCE NO.
MAILING ADDRESS <i>(include street, city or town, province and postal code)</i>			

INDICATE PERSON/ORGANIZATION NAME(S) YOU AUTHORIZE TO RECEIVE THE INFORMATION

DESCRIPTION OF INFORMATION TO BE DISCLOSED

DESCRIBE HOW DISCLOSED INFORMATION IS TO BE USED

PART B – IMPORTANT INFORMATION ABOUT YOUR RIGHTS

- I understand this authorization expires one year from the date signed below.
- I may revoke this authorization before the expiration date by notifying the pension plan in writing. This decision will not affect any actions that the College Pension Plan took prior to receiving my notice to revoke.
- I may request a copy of the disclosed information.

PART C – AUTHORIZATION

- I hereby authorize the College Pension Plan to disclose the pension information described in part A.
- I have read and I understand the rights described in part B.

PLAN MEMBER SIGNATURE

DATE SIGNED *(authorization expires one year from date below)*
YYYY / MM / DD