

## RELEASE OF INFORMATION AUTHORIZATION

PERSON ID		

## Teachers' Pension Plan

PO Box 9460 Victoria BC V8W 9V8

Web: tpp.pensionsbc.ca

Toll-free (Canada/U.S.)

Active Members: 1-800-665-6770 Retired Members: 1-866-876-8877

Instructions
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• Complete this form to allow the Teachers' Pension Plan to disclose your pension information to the third party described below in part A.

• Sign and date this form and forward it to the Teachers' Pension Plan. Make a copy for your records.

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Part A—Direction			,	
MEMBER LAST NAME	FIRST AND MIDDLE NAME(S)		PHONE NUMBER	
MAILING ADDRESS (include unit number, if applicable)				
CITY	PROVINCE	POSTAL CODE	COUNTRY (if not Canada)	
INDICATE PERSON/ORGANIZATION NAME(S) YOU AUTHORIZ	E TO RECEIVE THE INFORMATION		PHONE NU	JMBER
MAILING ADDRESS (include unit number, if applicable)				
CITY	PROVINCE	POSTAL CODE	COUNTRY (if not Canada)	
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.
- This authorization is voluntary. I may revoke it at any time by contacting the Teachers' Pension Plan in writing.
- I may request a copy of the disclosed information.
- I have the right to require that the person or organization described above will not disclose this information to anyone else without my permission.

## Part C—Authorization

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

IEMBER SIGNATURE	DATE SIGNED (authorization expires one year from date signed)
	YYYY–MM–DD

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the Public Sector Pension Plans Act and will be used by the BC Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.