

AUTHORIZATION TO RELEASE PERSONAL INFORMATION TO A THIRD PARTY

Member Name: _____ **SIN:** _____

The Pensions & Benefits Office is subject to the Freedom of Information and Protection of Privacy Act (FOIPPA). Therefore, this Office is prohibited, except where authorized under FOIPPA, from releasing information to anyone other than the member. Financial advisors, legal counsel, etc., are considered third party individuals, and are not allowed access to your pension information without the written consent of you, the member. Spouses are also considered a third party, except where it relates to a marriage breakdown.

1. My authorization for release of information is limited to the following:

- Unlimited Access
- Marriage Breakdown
- Financial Planning
- Income Testing
- Other, please specify _____

2. Until such time as this consent is revoked, in writing, the Pensions & Benefits Office is authorized to release my information, as it relates to Section 1 above, to the following third party:

Name: _____ **Title:** _____

I hereby release the Pensions & Benefits Office and its staff from any claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of information.

I understand that by signing this form, I am granting the Pensions & Benefits Office permission to release my pension information to the third party (person or entity) identified in Section 2 above for the purposes as outlined in Section 1.

3. **Witnessed Signature (Witness cannot be the same individual as named in Section 2 above.)**

Member Signature: _____ Dated: _____

Witnessed By: _____ Dated: _____

NOTE: This authorization will remain in effect until such time as you provide the Pension & Benefits Office with a revocation of this permission. It is your responsibility to terminate this authorization.