

**RELEASE OF
INFORMATION
AUTHORIZATION**
(FOR RETIRED MEMBER)

PENSION PLAN USE ONLY	
PERSON ID	
Public Service Pension Services PO Box 9460 Victoria BC V8W 9V8	
Location	2995 Jutland Road, Victoria
Web	pspp.pensionsbc.ca
Victoria	250 356-9617
Toll-free in Canada/U.S.	1 866 876-6777
Fax	250 953-0431
Email	Retired@pensionsbc.ca

INSTRUCTIONS:

- Complete this form to allow Public Service Pension Services to disclose your pension information to the third party described below in part A.
- Sign and date this form and forward it to Public Service Pension Services. Make a copy for your records.

PART A – DIRECTION

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

INDICATE PERSON/ORGANIZATION NAME(S) YOU AUTHORIZE TO RECEIVE THE INFORMATION	
MAILING ADDRESS <i>(if different than above include street, city or town, province and postal code)</i>	PHONE NO. <i>(include ten digits)</i>

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 Public Service Pension Services 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 Public Service Pension Services to disclose the pension information described in part A.
- I have read and I understand the rights described in part B.

RETIRED MEMBER SIGNATURE	DATE SIGNED <i>(authorization expires one year from date signed)</i> YYYY / MM / DD
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