

RELEASE OF INFORMATION AUTHORIZATION

|--|

Instructions

 Complete this form to allow the Municipal 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 Municipal Pension Plan. Make a copy

Victoria BC	V8W 9V8	
Web:		mpp.pensionsbc.ca

Toll-free (Canada/U.S.)

PO Box 9460

Active Members: 1-800-668-6335

for your records.			Retired Members:	1-866-876-6677
Part A—Direction				
MEMBER LAST NAME	FIRST AND MIDDLE NAME	E(S)	PHONE N	NUMBER
MAILING ADDRESS (include unit number, if applicable)				
CITY	DDO //NOT	DOOTAL CODE	OOUNTDY (f / O	(1)
CITY	PROVINCE	POSTAL CODE	COUNTRY (if not Ca	nada)
INDICATE DEDOCNIODO ANIZATION MANE/OVIGUALITADO DE TO DE	DECENTE THE INFORMATIO		BUONE	H IN IDED
INDICATE PERSON/ORGANIZATION NAME(S) YOU AUTHORIZE TO F	RECEIVE THE INFORMATIO	V	PHONE N	NUMBER
MAILING ADDRESS (include unit number, if applicable)				
MAILING ADDRESS (Include unit number, il applicable)				
CITY	PROVINCE	POSTAL CODE	COUNTRY (if not Ca	nada)
	1.110111102	T GOTAL GODE		, add
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 Municipal 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 Municipal Pension Plan to disclose the pension information described in part A.
- I have read and I understand the rights described in part B.

MEMBER 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.

PC/MPP 2007-016 2025.02.11 Reg. T.M. Municipal Pension Board of Trustees