



RELEASE OF INFORMATION AUTHORIZATION

PERSON ID

Municipal Pension Plan

PO Box 9460
Victoria BC V8W 9V8

Web: mpp.pensionsbc.ca

Toll-free (Canada/U.S.)

Active Members: 1-800-668-6335

Retired Members: 1-866-876-6677

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 for your records.

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 AUTHORIZE TO RECEIVE THE INFORMATION

PHONE NUMBER

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 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