

## RELEASE OF **INFORMATION AUTHORIZATION**

PERSON ID		

## Instructions

- Complete this form to allow the WorkSafeBC 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 WorkSafeBC Pension Plan. Make a

Web:	worksafe.pensionsbc.ca

Toll-free (Canada/U.S.)

PO Box 9460 Victoria BC V8W 9V8

Active Members: 1-888-440-0111

copy for your records.	Retired Members:	1-866-322-9277		
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 Ca	nada)
INDICATE PERSON/ORGANIZATION NAME(S) YOU AUTI	HORIZE TO RECEIVE THE INFORMATION		PHONE	NUMBER
MAILING ADDRESS (include unit number, if applicable)			l	
CITY	PROVINCE	POSTAL CODE	COUNTRY (if not Canada)	
DESCRIPTION OF INFORMATION TO BE DISCLOSED				
DESCRIBE HOW DISCLOSED INFORMATION IS TO BE U	JSED			

## 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 WorkSafeBC 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 WorkSafeBC 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 Workers Compensation 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.