

# RELEASE OF INFORMATION AUTHORIZATION

PERSON ID

**Public Service Pension Plan**PO Box 9460  
Victoria BC V8W 9V8Web: [pspp.pensionsbc.ca](http://pspp.pensionsbc.ca)

Toll-free (Canada/U.S.)

Active Members: 1-800-665-3554

Retired Members: 1-866-876-6777

**Instructions**

- Complete this form to allow the Public Service 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 Public Service Pension Plan. Make a copy for your records.

**Part A—Direction**

MEMBER LAST NAME	FIRST AND MIDDLE NAME(S)	PHONE NUMBER
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MAILING ADDRESS (include unit number, if applicable)

CITY	PROVINCE	POSTAL CODE	COUNTRY (if not Canada)
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INDICATE PERSON/ORGANIZATION NAME(S) YOU AUTHORIZE TO RECEIVE THE INFORMATION	PHONE NUMBER
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MAILING ADDRESS (include unit number, if applicable)

CITY	PROVINCE	POSTAL CODE	COUNTRY (if not Canada)
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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 Public Service 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 Public Service 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