



OPSEU Pension Trust Fiducie du régime de retraite du SEFPO

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Authorization for the Release of Personal Information

TO: THE OPSEU PENSION TRUST

I _____, a member / pensioner with the OPSEU PENSION PLAN, hereby direct and authorize you to provide and release all files, records, documents, correspondence and any other information whatsoever relating to my pension, employment, medical history or any other relevant personal information to a representative of _____ for the purpose of _____.

I hereby declare that _____ is acting as my personal representative in this matter and it is in their representative capacity that they are entitled to access this information.

Dated at the City of _____ in the Province of _____ this _____ day of _____ 20_____.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF

Witness Signature

(Member / Pensioner Signature)

Witness Name and Address (please print)