



1 Adelaide Street East, Suite 1200
Toronto ON M5C 3A7

AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

Telephone: 416-681-6100 Toll-free: 1-800-637-0024
Email: email@optrust.com Website: optrust.com

INSTRUCTIONS

Members of the OPSEU Pension Plan can use this form to authorize a third party to have access to their personal information. Individuals provided authority via this written authorization may not act or make decisions on behalf of a member or pensioner; they are only authorized to access the member's information from OPTrust.

MEMBER INFORMATION

Last Name	First Name
<input type="text"/>	<input type="text"/>
OPTrust ID	Email
<input type="text"/>	<input type="text"/>
Phone Number	
<input type="text"/>	

NAME OF THIRD PARTY

Last Name	First Name		
<input type="text"/>	<input type="text"/>		
Name of Company/Organization (if applicable)	Email		
<input type="text"/>	<input type="text"/>		
Phone Number			
<input type="text"/>			
Mailing Address	City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION

I authorize OPTrust to disclose the following information related to my benefits with the OPSEU Pension Plan and to discuss any matters relating to that information with the third party identified above (please state the type of information you would like OPTrust to share with the third party):

This authorization becomes effective from the date this form is signed and continues until (select one):

- I revoke these instructions in writing
- The requested information is disclosed
- Date (Day-Month-Year)

I understand and accept that in signing this authorization I am releasing and holding OPTrust harmless from any and all claims and actions based upon, arising out of, or in any way relating to, the disclosure of information made pursuant to this authorization. This authorization shall remain in effect as indicated above or otherwise revoked in writing by me. I accept that any information disclosed further to these instructions, and prior to any written revocation of these instructions, will be deemed to have been released with my full consent.

Signature	Date (Day-Month-Year)
<input type="text"/>	<input type="text"/>