

Direction and Authorization

I, _____, (SIN _____), am a member of the
_____ Pension Plan.

I hereby direct and authorize the Administrator of the above mentioned Pension Plan to release any and all information regarding my employment, my pension benefits and any related entitlements to BCH Actuarial Services Inc. for the purposes of valuing my pension.

Dated at _____ this _____ day of _____, 20____.

This authorization is valid for six months from the date indicated above.

Signature of plan member

Signature of witness

Printed name of plan member

Printed name of witness

If you have any questions, please feel free to contact us:

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