



## CONSENT TO THE DISCLOSURE OF PERSONAL INFORMATION

### **Member Information:**

Last Name	Given Name(s)		
Date of Birth (day/month/year)	Member Identifier (If known)		
Street Address	City	Province	Postal Code
I authorize copies of my personal information related to:			
(Title of records or type of information e.g. retirement benefits, employment history, banking information etc.)			
For the following pension plans:			
<input type="checkbox"/> Local Authorities Pension Plan		<input type="checkbox"/> Management Employees Pension Plan	
<input type="checkbox"/> Public Service Pension Plan		<input type="checkbox"/> Special Forces Pension Plan	
<input type="checkbox"/> Other: _____			
For the time period:			
Day/Month/Year	To	Day/Month/Year	<b>OR</b> <input type="checkbox"/> (Check if Relevant) Ongoing

I authorize the above-mentioned information be disclosed by Alberta Pensions Services Corporation, the benefit service provider for the above-mentioned plans, in accordance with Section 13(1)(c) of the *Protection of Privacy Act*, to:

### **Recipient Information:**

Last Name	Given Name(s)		
Street Address	City	Province	Postal Code

For the following purpose(s):

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.../2



## CONSENT TO THE DISCLOSURE OF PERSONAL INFORMATION

I understand that information in the custody of Alberta Pensions Services (APS) is protected by the *Protection of Privacy Act*. Once copies of records containing my personal information are provided to the recipient in accordance with this consent, the information contained in the copies will no longer be under the control of APS and as such will no longer be protected by the policies and procedures set out by APS.

I am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of this information. I understand that I may revoke this consent in writing at any time.

A photocopy or facsimile of this consent shall be as valid as the original

Dated this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

(Day)

(Month)

(Year)

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Member Name

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Member Signature

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Witness Name

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Witness Signature

*One copy to remain in member's file.*

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**Completed forms can be:**

**Uploaded to your secure member portal**  
(located within your pension plan website)

*or*

**Mailed to:**

Alberta Pensions Services Corporation 5103  
Windermere Blvd SW, Edmonton, AB  
T6W 0S9

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