



OPSEU Pension Trust

Fiducie du régime de retraite du SEFPO

Authorization for the Release of Personal Information

OPSEU Pension Trust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7
Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Fax: 416-681-6175 www.optrust.com

TO: OPSEU PENSION TRUST (OPTrust)

I, a member or 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: (DD/MM/YYYY)

In the City of:

In the Province of:

SIGNED, SEALED AND DELIVERED

IN THE PRESENCE OF:

WITNESS Last Name (Please print)

First Name and Initials

Witness Signature

Home Address: Number and Street

Apt. No.

City/Town

Province

Postal Code

MEMBER OR PENSIONER

MEMBER or PENSIONER Last Name

First Name and Initials

OPTrust ID Number

Member or Pensioner Signature