

University of Victoria Combination or Money Purchase Pension Plan

Authorization to Contact a Representative

Pension Office
PO Box 1700 Stn CSC
Victoria BC V8W 2Y2

Use this form to provide authorization for the Pension Office to contact a named representative regarding your pension, subject to limits you specify on this form.

SECTION 1 – Plan Member Information

Surname	Given Name(s)	Social Insurance Number
Home Address		Employee or Pension ID#
		Telephone (with area code)
Email:		

SECTION 2 – Limits to Authorization

Limits to the authorization, unless specified otherwise:

1. I hereby authorize the Pension Office to communicate with the following representative(s), provided that
 - (a) the Pension Office has made at least 3 unsuccessful attempts to contact me at my last known address, email, or telephone number, or I have no address, email or telephone number on file; AND
 - (b) at least 60 (sixty) days has elapsed since the Pension Office first attempted to contact me or identified the need to contact me.
2. The communication will be limited to notifying my authorized representative(s) that the Pension Office requires my current address email and/or telephone number, and why (eg: to issue a benefit statement or to pay my pension).

SECTION 3 – Authorized Representative(s)

Primary Representative

Surname	Given Name(s)	Telephone (with area code)
Home Address		
		Email:

Alternate Representative (OPTIONAL) – applies if attempts to contact the primary representative are unsuccessful

Surname	Given Name(s)	Telephone (with area code)
Home Address		
		Email:

SECTION 4 – Authorization by Plan Member

I understand that naming the above representative(s) only provides the Pension Office with authorization to contact my representative(s) subject to the limits specified in Section 2. It does NOT provide my representative(s) with unlimited access to my confidential data; nor does it provide them with the authority to make directions on my behalf. Directions may only be made by an individual who holds Power of Attorney and in that case the original Power of Attorney document, or a certified true copy, is required.

Signature of Plan Member	Date (DD-MMM-YYYY)
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The Plan document and applicable acts and regulations shall govern in the event of a question or dispute that may arise with the printed contents of this form.