

APPEAL TO A REVIEW OFFICER

Use this form to advise the Corporation that you object to a decision of the Administrator or the Administrator's staff concerning your pension benefit and would like the decision to be reviewed.

- Attach a copy of the communication you received from the Corporation regarding the decision and any other relevant materials.
- If you authorize a Third Party/Legal Representative to initiate or pursue a review, please attach the *Authorization to Disclose Information* form.
- Mail the completed and signed form to the Teacher's Pension Plan Corporation, attn. Director of Pension Administration: 130 Kelsey Drive, Suite 101, St. John's, NL A1B 0T2 or submit by e-mail to appeals@tppcnl.ca

A. MEMBER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
PENSION ID	HOME MAILING ADDRESS	
DATE OF BIRTH		
PHONE NUMBER	EMAIL ADDRESS	

B. OBJECTION TO THE PLAN DIRECTION

Provide a detailed explanation of your objections to the original decision by the TPPC Administrator or Administrator's staff (attach additional pages if needed).

C. SUPPORTING FACTS

Provide a statement of facts supporting your request for review (attach any relevant supporting documents and additional pages if needed).

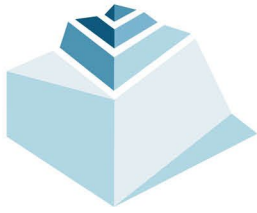
D. REQUESTED RESOLUTION

Provide a statement indicating your desired resolution or relief sought (attach additional pages if needed).

E. SIGNATURE

I have read and understand the Teacher’s Pension Plan Corporation Appeal Policy. The explanation I have provided here fully and accurately describes the situation with regard to my position concerning my pension benefit.

NAME (PRINT)	SIGNATURE	DATE SIGNED
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**TEACHERS'
PENSION PLAN
CORPORATION**
NEWFOUNDLAND
& LABRADOR

AUTHORIZATION TO DISCUSS AND DISCLOSE INFORMATION

To: Teachers' Pension Plan Corporation

Re: _____(member)

I, _____ (member), authorize _____
(representative) to obtain information relating to my service with the Teachers' Pension
Plan Corporation.

I authorize the Teachers' Pension Plan Corporation to disclose and discuss any and all
personal information which relates to my pension entitlement with
_____ (representative).

I agree that my pension and employment information may be discussed in confidence
with my representative, but will otherwise remain private and confidential.

I understand that I will be bound by the actions of my representative, unless and until I
revoke this authorization in writing.

I acknowledge that decisions and elections made with regard to my pension benefits will
continue to remain solely my responsibility, and will require my signoff.

Member Name (Printed)

Signature of Plan Member

Date (DD/MM/YYYY)

Witness Name (Printed)

Signature of Witness

Date (DD/MM/YYYY)