



# PRIVACY CONSENT FORM

Please complete this form and return it to the Teachers' Pension Plan Corporation to authorize an individual to have access to your information and/or the ability to change your information. If you would like to establish your given consent to this individual to permanently speak on your behalf, Power of Attorney must be established, and the legal document must be sent to our office.

Once completed, the document(s) can be returned by either uploading them to your myPENSION portal by clicking on Documents and Info > Upload Documents or they can be returned to the Teachers' Pension Plan Corporation at the address below.

## Section I – MEMBER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL INSURANCE NUMBER	HOME MAILING ADDRESS	
PERSONAL EMAIL ADDRESS		
DATE OF BIRTH	PHONE NUMBER	

## Section II – RELEASE OF INFORMATION/ACCOUNT CHANGES

Check the box(es) that apply for your request.

I, \_\_\_\_\_ hereby give my consent for:

the release of information concerning my file to be granted to the below listed person for the dates requested. I request that any relevant information they may require to assist in responding to my inquiry be provided in accordance with the provisions of the law.

any necessary changes concerning my file to be made by the below listed person for the dates requested. I give my consent for this individual to complete any updates or changes to my account as necessary, in accordance with the provisions of the law.

LAST NAME		FIRST NAME	INITIALS
PHONE NUMBER		HOME MAILING ADDRESS	
START DATE	END DATE		

## Section III – AUTHORIZATION

MEMBER SIGNATURE	DATE SIGNED
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