



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:									
_____				To _____		OR <input type="checkbox"/> (Check if Relevant)			
Day/Month/Year				Day/Month/Year				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

Personal information on this form is collected under the authority of section 4 of the *Protection of Privacy Act* for pension administration purposes, member communication and service improvement. Automated systems may be used for internal analytics and/or decision support. For questions about this collection, contact privacy@apsc.ca, or call (780)391-3799.



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)

Member Name

Member Signature

Witness Name

Witness Signature

One copy to remain in member's file.

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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