



**Authorization to Discuss and Disclose Information**

To: CAAT Pension Plan

Re: \_\_\_\_\_ (member)

I, \_\_\_\_\_ (member), authorize \_\_\_\_\_ (representative) to obtain information relating to my service with the CAAT Pension Plan.

I authorize the CAAT Pension Plan 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.

Date (d/m/y): \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print name of witness: \_\_\_\_\_

Signature of witness: \_\_\_\_\_