

Pensions & Benefits
P.O. Box 2000
16 Fitzroy Street
Charlottetown, PE C1A 7N8

**CANCELLATION OF
AUTHORIZATION TO RELEASE
INFORMATION TO A THIRD PARTY**

Tel: (902) 368-4200
Fax: (902) 620-3096

1. I, _____, SIN _____
Member Name

hereby cancel my authorization to release information relating to my pension to the third party outlined in

Section 2 below, effective _____ .

2. Name: _____ Title: _____

3. Witnessed Signature

Member Signature: _____ Dated: _____

Witnessed By: _____ Dated: _____