



Authorization to Communicate Form

This form provides your permission for The Civil Service Superannuation Board to communicate with another person (such as a family member, friend or financial advisor) on your behalf regarding your pension and insurance benefits. It **does not provide authority** for another person to act on your behalf. Please see the back of this form for additional information.

In the absence of your specific authorization, we will only communicate about your pension and insurance benefits with:

- you,
- your spouse or common-law partner
- your lawyer or your spouse's or common-law partner's lawyer, or
- your legal representative, such a Power of Attorney or Trustee.

Only you and your Power of Attorney or legal Trustee can act on your behalf.

Section 1: Your information

First Name Initial Family Name PIN, Employee Number or Birthdate

Section 2: The person you would like us to communicate with

First Name Initial Last Name Relationship

Telephone numbers: Home _____ Work _____ Cell Phone _____

Email address: _____

Complete mailing address: _____
(No., Street, Apt., P.O. Box, R.R.)

City / Town Province Postal Code

Section 3: Special Instructions– Please advise of any limitations or expiry date for your authorization:

Section 4: Your authorization

I hereby authorize The Civil Service Superannuation Board to communicate with the person identified in Section 2, subject to any special instruction indicated in Section 3.

Signature: _____ **Date:** _____
Year Month Day



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Additional Information

Your signed authorization allows The Civil Service Superannuation Board to communicate confidential information to the named person and allows him or her to communicate with The Civil Service Superannuation Board on your behalf.

Scope

When you give consent to The Civil Service Superannuation Board to communicate with this person, you are letting that person receive and provide information on your behalf. Examples include requesting pension estimates, asking questions about your pension or insurance benefits or about information you have received from us, and advising us of changes to your address (excluding your payment address).

Unless you indicate otherwise, this authorization will cover any and all information regarding your pension and group insurance benefits and your record as maintained by The Civil Service Superannuation Board. If you wish to limit the information being communicated to a specific issue or timeframe, please provide details in Section 3: Special Instructions.

Limitations

This consent does not provide authority to the person to change your payment address, cancel group life and/or dependents insurance, request or change voluntary tax withholding or sign forms on your behalf.

Only you and your legal representative, such as your Power of Attorney or legal Trustee, can act on your behalf. The legal representative does not need to complete this form, but must provide The Civil Service Superannuation Board with a copy of the Power of Attorney or legal document that authorizes him or her to act in that capacity.

Only you can change your beneficiary for pension and insurance benefits.

Duration

This consent will remain in effect for your lifetime unless you have provided an expiry date in Section 3: Special Instructions (if applicable), or you provide a written cancellation request.

Submitting this form

The completed form must be returned to The Civil Service Superannuation Board within one month of being signed:

By Mail: The Civil Service Superannuation Board
 c/o The Pension Department
 1200 – 444 St.Mary Avenue
 Winnipeg MB R3C 3T1

By Fax: 204-945-0237

You may also upload this form through your Online Services Document Centre.

Important – This consent is only valid if the completed form is received by the Board office within one month of the member signing the form.