



## ***Request And Consent To Release Information***

### **Calgary Firefighters Supplementary Pension Plan**

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#### **Part I: Member Identification** (Please print clearly in the spaces provided)

|                           |                          |                        |
|---------------------------|--------------------------|------------------------|
| _____                     | _____                    | _____                  |
| (First Name)              | (Middle Name or Initial) | (Last Name)            |
| _____                     |                          | _____                  |
| (Social Insurance Number) |                          | (Contact Phone Number) |

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#### **Part II: Request and Consent to Release Information.**

By signing this form, I hereby request and consent to the release of my personal information by Alberta Pensions Services Corporation (APS) (the Local Authorities Pension Plan (LAPP) administrator) to the delegated administrator of the Calgary Firefighters Supplementary Pension Plan (FSPP), which is currently Morneau Shepell Ltd. (the "FSPP Administrator").

For purposes of verifying my FSPP data currently on file, this Request and Consent to Release Information hereby authorizes APS to immediately release to Morneau Shepell Ltd. my:

- pensionable earnings history by year;
- pensionable service accrued by year, broken down into the following categories:
  - current service,
  - prior service paid on a contribution basis,
  - prior service paid on an actuarial reserve (AR) basis,
  - leave of absence service where employee pays employee portion of contributions only,
  - leave of absence service where employee pays employee and employer portion of contributions, and
  - any other category of service applicable;
- date of birth;
- date of hire;
- date of commencement in pension plan;
- pension partner date of birth; and
- any other information necessary to verify my pensionable history under the FSPP.

For purposes of calculating and finalizing my FSPP pension upon my future termination or retirement, this Request and Consent to Release Information hereby authorizes APS to release the data noted above plus the following upon my termination or retirement:

- pension choice under LAPP;
- amounts payable under all options available to me under LAPP upon my retirement irrespective of my actual choice under the plan;
- verification of my LAPP commuted value (if applicable), including amounts payable in cash; and
- any other information necessary to calculate my FSPP benefits.



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This authorization extends to any benefit recalculation that may occur as a result of any adjustments to pensionable service or salary that may be reported subsequent to my termination.

This information will be used by Morneau Shepell Ltd. solely for the purpose of establishing my benefit entitlement under the FSPP.

I understand it is my responsibility to advise APS of any restrictions or covenants that are to be attached to any information requested by the CFSPS Administrator. In the event of revocation of this release and consent, I further acknowledge responsibility to provide written notification to both APS and the FSPP Administrator.

If you have any questions, please call the FSPP Administration Centre at 1-877-351-5911.

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Member Signature

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Date Signed

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### **Part III: Return completed form to:**

CFSPS Administration Centre  
70 University Ave., 4<sup>th</sup> Floor  
Toronto, ON M5J 2M4

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| <p>This personal information is being collected under the authority of the Employment Pension Plans Act and will be used for the purpose of administering your pension benefits. It is protected under the provisions of the Freedom of Information and Protection of Privacy Act.</p> |
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