



## THIRD PARTY AUTHORIZATION FORM

### SECTION 1 — MEMBER INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
SIN \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

### SECTION 2 — AUTHORIZED THIRD PARTY

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Company (if applicable) \_\_\_\_\_

### SECTION 3 — INFORMATION TO BE DISCLOSED

- Statement of Benefit Entitlement only  
 All information reasonably required for purpose of the benefit entitlement

### SECTION 4 — PURPOSE OF AUTHORIZATION

The Universities Academic Pension Plan (UAPP) recognizes and respects the importance of your privacy. Personal information collected is used solely for the purpose of administering your benefits under the Plan.

#### **Member Authorization**

It is the policy of UAPP not to disclose a member's personal information to any third party unless the member provides written authorization. By completing this form, you authorize The UAPP to share your personal information including but not limited to contribution and earnings records, pension eligibility, benefit amounts, and beneficiary designations with the third party identified. **I authorize the Universities Academic Pension Plan (UAPP) to release my pension information strictly for the purpose of marital/relationship breakdown valuation in accordance with the Employment Pension Plans Act.**

*Note: Individuals granted access through this written authorization are not permitted to act or make decisions on behalf of a member or pensioner; they are only authorized to access the member's information from the UAPP.*

### SECTION 5 — SIGNATURE

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

*UAPP collects, uses, and discloses personal information only for purposes authorized under the Employment Pension Plans Act (EPPA) and applicable privacy legislation. By submitting this authorization, you acknowledge and consent to the disclosure of your personal pension information to the third party(ies) named. UAPP will not disclose information beyond what is necessary to fulfill the purpose of this authorization. All personal information is handled in accordance with UAPP's governance policies, administrative procedures, and retention requirements. UAPP cannot guarantee or control the security, further disclosure, or subsequent use of personal information once released to an authorized third party. Individuals receiving information under this authorization are responsible for ensuring that such information is handled confidentially. You may revoke this authorization in writing at any time; however, revocation does not affect information already disclosed under a valid authorization. This authorization does not permit the authorized individual(s) to make decisions on your behalf. It solely allows UAPP to disclose information for the purpose described in this form.*

The completed form can be sent securely online via the Message Centre (available by logging into your pension account via the Plan Member Portal) at [uapp.ca](http://uapp.ca), or alternatively by mail or fax to:

The Universities Academic Pension Plan (UAPP)  
#1850, 10303 Jasper Avenue, Edmonton, Alberta T5J3N6 • Fax: 780-415-8871