

## Consent

To : \_\_\_\_\_  
(pension plan administrator)

From : \_\_\_\_\_  
(plan member)

S.I.N: \_\_\_\_\_

RE : **Pension Plan - Pension entitlements**

I, \_\_\_\_\_, hereby authorize and direct you to provide GML Actuarial Services Inc., with all relevant information concerning my rights and entitlements under the Pension Plan.

This is your full and complete authority to provide all information concerning the above matters to the above-named firm.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

In the city of \_\_\_\_\_, \_\_\_\_\_ (province)

\_\_\_\_\_  
Signature

The information collected by GML will be solely used in determination of the capitalized value of the pension benefits of the consenting individual and the preparation of an actuarial report for purposes of settlement of the division of pension benefits resulting from marriage breakdown.

