

Consent Form to Disclose Plan Member Personal Information
15 International Place, Suite 200
St. John's, NL A1A 0L4



Plan member's name: _____

Last four digits of SIN: _____

I, _____, hereby authorize, _____, a representative from my employer, to request a copy of my Public Service Pension Plan Statement from Provident¹⁰ for service verification purposes.

Plan member signature

Date

Participating employer representative signature

Date

Participating employer representative name and title (printed)