



## UBCP RETIREMENT BENEFITS SOCIETY

To: Canada Revenue Agency

Re: \_\_\_\_\_  
(Taxpayer's Name and Social Insurance Number)

Please accept this letter as your authorization to release pertinent information on my behalf with respect to RRSP Contribution room and RRSP carry forward information.

I authorize you to disclose to the Union of BC Performers' designated representative (or Plan Administrators) and to discuss with them all matters relating to RRSP contribution room and RRSP carry forward information for all taxation years.

This authorization will remain in effect until revoked by me in writing to Canada Revenue.

Yours truly,

Signature \_\_\_\_\_

Date \_\_\_\_\_