



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 designated representative of the UBCP Retirement Benefits Society (the Plan Administrator) and to discuss with him or her 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 the Canada Revenue Agency.

Yours truly,

\_\_\_\_\_  
(Taxpayer's Signature)

\_\_\_\_\_  
(Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)