

**TEACHERS'  
PENSION PLAN  
CORPORATION**  
NEWFOUNDLAND  
& LABRADOR

## APPEAL TO A REVIEW OFFICER

Use this form to advise the Corporation that you object to a decision of the Administrator or the Administrator's staff concerning your pension benefit and would like the decision to be reviewed.

- Attach a copy of the communication you received from the Corporation regarding the decision and any other relevant materials.
- If you authorize a Third Party/Legal Representative to initiate or pursue a review, please attach the *Authorization to Disclose Information* form.
- Mail the completed and signed form to the Teacher's Pension Plan Corporation, attn. Director of Pension Administration: 130 Kelsey Drive, Suite 101, St. John's, NL A1B 0T2 or submit by e-mail to [appeals@tppcnl.ca](mailto:appeals@tppcnl.ca)

### A. MEMBER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
PENSION ID	HOME MAILING ADDRESS	
DATE OF BIRTH		
PHONE NUMBER	EMAIL ADDRESS	

### B. OBJECTION TO THE PLAN DIRECTION

Provide a detailed explanation of your objections to the original decision by the TPPC Administrator or Administrator's staff (attach additional pages if needed).

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### C. SUPPORTING FACTS

Provide a statement of facts supporting your request for review (attach any relevant supporting documents and additional pages if needed).

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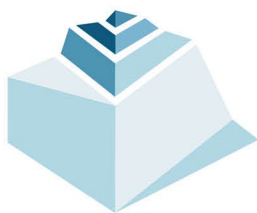
#### **D. REQUESTED RESOLUTION**

Provide a statement indicating your desired resolution or relief sought (attach additional pages if needed).

#### **E. SIGNATURE**

**I have read and understand the Teacher's Pension Plan Corporation Appeal Policy. The explanation I have provided here fully and accurately describes the situation with regard to my position concerning my pension benefit.**

NAME (PRINT)	SIGNATURE	DATE SIGNED
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## **AUTHORIZATION TO DISCUSS AND DISCLOSE INFORMATION**

To: Teachers' Pension Plan Corporation

Re: \_\_\_\_\_(member)

I, \_\_\_\_\_ (member), authorize \_\_\_\_\_  
(representative) to obtain information relating to my service with the Teachers' Pension  
Plan Corporation.

I authorize the Teachers' Pension Plan Corporation to disclose and discuss any and all  
personal information which relates to my pension entitlement with  
\_\_\_\_\_ (representative).

I agree that my pension and employment information may be discussed in confidence  
with my representative, but will otherwise remain private and confidential.

I understand that I will be bound by the actions of my representative, unless and until I  
revoke this authorization in writing.

I acknowledge that decisions and elections made with regard to my pension benefits will  
continue to remain solely my responsibility, and will require my signoff.

\_\_\_\_\_  
Member Name (Printed)

\_\_\_\_\_  
Signature of Plan Member

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (DD/MM/YYYY)