



**Consent to release
Information to a
third party**

Return to Great-West Life

The Great-West Life Assurance Company (Great-West) provides services for group retirement plans issued by London Life Insurance Company, a subsidiary of Great-West.

To be completed by the member (please print):

EMPLOYER/PLAN SPONSOR INFORMATION	
Name of employer/plan sponsor	Policy/plan number

MEMBER INFORMATION				
Last name	Initial	First name	Social insurance number	Certificate number
			- -	

THIRD PARTY NAME	
Don W. Anderson, B.Sc. (Admin), CFP	Relationship to Plan Member agent

I, the member, hereby authorize Great-West to release any information regarding my policy/plan noted above to the third party named in this authorization.

This authorization is valid until I cancel it in writing and deliver it to Great-West at one of the five regional administration offices.

Signed at _____ Date _____
City Province

Signature of Witness _____ Signature of Member _____