



TRIAL LAWYERS SINCE 1877

**BEAMENT
HEBERT
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LLP**

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AUTHORIZATION

TO: _____

RE: _____

SIN Number: _____

Pension File Number: _____

Date of Birth: _____

I hereby authorize and direct you to provide to **Messrs. Beament Hebert Nicholson, Barristers and Solicitors, 979 Wellington Street, Ottawa, Ontario, K1Y 2X7**, or anyone authorized by them, any and all information they may require, relating to my pension and this shall be your good and sufficient authority for so doing.

Dated at Ottawa this _____ day of _____, 20_____.

SIGNATURE: _____

WITNESS: _____