

# J. M. Norton Consulting Inc.

## Direction and Authorization

I am a member {or former member} of the \_\_\_\_\_ Pension Plan

I, \_\_\_\_\_ (Social Insurance Number \_\_\_ - \_\_\_ - \_\_\_; Date of Birth: \_\_\_\_\_) hereby direct the Administrator of this Plan, or without restriction any other party with information about my pension entitlements, to provide any and all information with respect to my pension and any other retirement entitlement to J. M. ("Mel") Norton, FCIA, FSA of J. M. Norton Consulting Inc. that he may request. This direction includes information about my salary, service and related benefits at any point in my working career.

An electronic copy, a photocopy or a 'faxed' copy of this Direction and Authorization shall be as valid as an 'original' copy.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

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

\_\_\_\_\_  
Name (printed) of Plan Member

\_\_\_\_\_  
Name (printed) of Witness

Name: \_\_\_\_\_

SIN: \_\_\_\_\_

D-o-B: \_\_\_\_\_

\\Family\norton consulting\Legal Documents 2007\direction - jmn.doc

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