

Authorization for Representative to act on your behalf

BCFSA requires written authorization before we can discuss your account, complaint, personal information with, or take directions from, anyone other than you. Please complete this form if you wish to authorize someone to act on your behalf.

SECTION A: YOUR INFORMATION (Person Granting Authorization)

Full legal name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____

Complaint reference details if known: _____

SECTION B: AUTHORIZED REPRESENTATIVE'S INFORMATION

Full legal name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____

Relationship to you: _____

If relying on a power of attorney or other document, please attach a copy.

SECTION C: AUTHORIZATION DETAILS

I authorize my representative to (check all that apply):

- File a complaint on my behalf
- Receive information and copies of correspondence about my complaint
- Discuss and make decisions, receive instructions and engage in other communication regarding my complaint
- All of the above
- Other (specify): _____

This authorization relates to:

- All matters related to my complaint
- Specific matter only (describe): _____

Duration of authorization:

- Until I revoke this authorization in writing (see Section G)
- Until the following date: _____
- Until the specific matter above is resolved

Communication:

- I want to be copied on formal written communications from BCFSA to my authorized representative.

SECTION D: PERSONAL INFORMATION CONSENT

I understand and consent to the following:

- My personal information may be disclosed to my authorized representative as necessary for the purposes checked above

The types of personal information that may be shared include:

- Complaint information and history
- Correspondence and communications with relevant parties
- Financial information
- Complaint details and outcomes
- Other: _____

- This information will only be used for the authorized purposes listed above.

SECTION E: PRIVACY & COMPLIANCE

By signing below, I acknowledge that:

- I have read and understand this authorization form.
- I understand that my personal information will be handled in accordance with the BCFSA privacy policy and Freedom of Information and Protection of Privacy Act (FOIPPA) and Financial Institutions Act (see below). See [Privacy Policy | BCFSA](#) for more information.
- I am providing this authorization voluntarily and have the legal capacity to do so
- I understand I can revoke it at any time by notifying BCFSA by email

Freedom of Information and Protection of Privacy Act (FOIPPA) and Financial Institutions Act

The information requested on this form is collected under the authority of sections 26(a), 26(b), and 26(c) of the Freedom of Information and Protection of Privacy Act and the Financial Institutions Act. The information is collected for the purpose of processing, investigating, and responding to your complaint and administering the Financial Institutions Act. Complaints are treated as confidential and maintained as such, subject to the Acts, enforcement proceedings and the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, please contact the Privacy Officer at FOI@bcfsa.ca.

SECTION F: SIGNATURES

Your signature: _____ Date: _____

Print your name: _____

Witness signature (recommended) _____ Date: _____

Witness Name: _____

FOR AUTHORIZED REPRESENTATIVE:

By signing below, I acknowledge that I will:

- Act only within the scope of authority granted above
- Respect the privacy and confidentiality of all information received
- Comply with any limitations specified in this authorization

Representative signature: _____ Date: _____

Print representative name: _____

SECTION G: IMPORTANT INFORMATION

How to Submit:

Submit this completed form together with the completed complaint form to insurance@bcfsa.ca

Original signatures required - scanned copies acceptable.
Keep a copy for your records.

Revoking Authorization:

Contact us by email to revoke this authorization at any time at insurance@bcfsa.ca

Effective Period: This authorization takes effect when received and processed by BCFSA and lasts for the duration selected in Section C or until revoked in writing.