

Use this form to request a pension estimate from the CAAT Pension Plan.

When it is complete, fax it to 416-673-9028, or scan and email it to member@caatpension.on.ca.

Employer Name _____

A Member Information

Last Name _____

First Name _____

Initial _____

Date of Birth _____

Language preference

English

French

Email address _____

Phone number _____

Date format is dd-mmm-yyyy (eg 25-dec-2016)

Mailing Address _____

B Annual Salary

My annual salary for the current year is:

\$ _____

If you are unable to provide your current year annual salary, please choose one of the following:

- I give the CAAT Pension Plan permission to request my current salary information from my employer.
- I do not wish for the CAAT Pension Plan to contact my employer. Please use my most recent annual salary information and project it forward.

C Proposed Retirement Dates (last day of the month you wish to retire)

Please note there is a limit of 3 pension estimates per member per year, and you must be within 5 years of retirement age.

Retirement dates must be the last day of the month. For example, if you wish to retire in July, 2017, enter 31-jul-2017.

Date: (dd-mmm-yyyy)

Date: (dd-mmm-yyyy)

Date: (dd-mmm-yyyy)

D Member Signature

Member signature (required)

Date