

Use this form to advise the Plan that you wish to appeal a decision of Plan staff concerning your pension benefit, confirmed following a review by the Vice President, Pension Management, to the Appeals Subcommittee of the Board of Trustees.

- Submit this form to the Plan Manager, CAAT Pension Plan within 60 days of receiving a response to your *Request for Review*.
- Attach a copy of the explanation you received from the Vice President, Pension Management and any relevant documents not previously provided to the CAAT Pension Plan.
- If you authorize a Third Party/Legal Representative to initiate or pursue an appeal, please attach the *Authorization to Disclose Information* form.
- Mail or fax the completed and signed form to CAAT Pension Plan, attention Plan Manager:
250 Yonge Street, Suite 2900 P.O. Box 40 Toronto ON M5B 2L7
Fax 416.673.9028

A Member information

Last Name	First Name	Initial	Plan Member Number
Date of Birth		Phone number	Email
Mailing Address			

B Objection to the Plan decision – provide a detailed explanation of your objections to the decision and your basis of appeal (Attach additional pages if needed)

C Supporting facts – provide a statement of the facts supporting your request for appeal (Attach any relevant supporting documents and additional pages if needed)

D Requested resolution - provide a statement indicating your desired resolution or relief sought (Attach additional pages if needed)

E (Optional) Request for in-person hearing – If you wish to appear in person before the Appeals Subcommittee of the Board of Trustees, please explain in detail why this would be appropriate for your claim and would aid the Appeals Subcommittee in making a determination. The Appeals Subcommittee will consider requests for an in-person hearing and has the sole and absolute authority to grant any such request. (Attach additional pages if needed)

F Signature

I have read and understand the Plan's Review and Appeal Policy and Process. The explanation I have provided here fully and accurately describes the situation with regard to my position concerning my pension benefit.

Name (print)	Signature	Date
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