

Use this form to advise the Plan that you object to a decision of Plan staff concerning your pension benefit and would like the decision to be reviewed.

- This form must be received by the CAAT Pension Plan within 60 days of the original decision.
- Attach a copy of the communication you received from the Plan regarding the decision and any other relevant materials.
- If you authorize a Third Party/Legal Representative to initiate or pursue a review, please attach the *Authorization to Disclose Information* form.

-Mail or fax the completed and signed form to CAAT Pension Plan, attention Vice President, Pension Management:
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 original decision made by CAAT Pension Plan staff (Attach additional pages if needed)

C Supporting facts – provide a statement of the facts supporting your request for review (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 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)SignatureDate