

Part A - Information on active or non-active member

In order to protect the confidentiality of your personal information, CARRA cannot send your pension estimate by fax.

You cannot apply for a pension estimate if you went back to work after retirement. We will revise your pension when you cease working again.

This does not apply to RREGOP pensioners who have returned to work since they do not participate in any plan and receive their full pension.

If you filed another application for a pension estimate during the last year, please note that the two retirement dates requested must be at least 6 months apart.

1. Identification of member

Last name First name Social insurance number
 Name at birth (if different) Sex Feminine Masculine
 Year Month Day
 Date of birth

2. Address

Number Street, avenue, boulevard Apartment P.O. Box Postal station
 City, town, municipality Province or State
 Postal code Country

3. Other contact information

Area code Telephone at home Area code Telephone at work Extension
 Area code Cell phone French English

Part B - Basis of estimate

Year Month Day
 Estimated date of retirement: Pension plan:

If you were issued service purchase proposal(s) by CARRA, must the estimate take them into account? Yes No

Do you currently receive salary insurance benefits for disability?

Yes No
Year Month Day

If you answered "Yes", enter the date disability began:

Do your work conditions provide that your employment relationship will end at the end of the 2nd year of exemption from contribution? (This information may be obtained from your employer.)

Yes No
Year Month Day

If you answered "Yes", enter the date exemption will end:

Comments:

Signature of member Year Month Day
 Date

Part C - Information on the person authorized to receive the documents requested

Complete Part C if you want a copy of your pension estimate and explanatory letter to be provided to your representative.

1. Identification of representative

Last name First name Social insurance number

Sex _____
 Feminine Masculine Title _____

Contact information of the representative's firm and type of firm:

Insurer Financial advisor Employer Union Other: _____

Department Firm's name

Your representative must be a physical person and not an agency or a firm since only a physical person may represent another physical person.

2. Address

Number Street, avenue, boulevard Apartment P.O. Box Postal station

City, town, municipality Province or State

Postal code Country

3. Other contact information

Area code Telephone at home (if applicable) _____
Area code Telephone at work _____
Extension _____

Member's authorization

I hereby authorize CARRA to send a copy of my pension estimate and, as the case may be, my explanatory letter to the person identified in Part C.

Signature of member

Date
Year Month Day

In this form, the masculine is taken to include the feminine.

Your application for pension estimate will be returned to you if it is not signed. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information* (R.S.Q., c. A-2.1), the information will be disclosed only to authorized agents. The Act allows you to examine your personal information and ask for correction.

418 643-4881 (Québec region)
1 800 463-5533 (toll free)

Please return this form to:

**Commission administrative des régimes
de retraite et d'assurances
475, rue Saint-Amable
Québec (Québec) G1R 5X3**