

Part A - Information on active or non-active member

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

Please note that a statement of contributions cannot be sent to a third party.

1. Identification of member

Last name		First name	Social insurance number		
Name at birth (if different)					
Year	Month	Day	Sex		
Date of birth			<input type="checkbox"/> Feminine <input type="checkbox"/> Masculine		

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	Language of correspondence		
		<input type="checkbox"/> French <input type="checkbox"/> English		

4. Pension plan

Name of pension plan: _____

Part B - Signature of active or non-active member

I hereby certify that the information provided in this form is accurate and complete.

Signature of member	Year	Month	Day
	Date		

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

Your application for statement of contributions 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)
1 866 463-5533 (toll free)

Please return this form to:

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