

Note: Date format is dd-mmm-yyyy for all date fields

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

Complete section B, or C as applicable, depending on your Plan design. All other sections of this form must be completed.

If you have any questions completing this form, please call 416-673-9000 or Toll Free 1-866-350-2228.

When it is complete, fax this form 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 _____

Mailing address _____

Member ID _____ Indicate your current plan design
 DBprime (Complete section B below) OR DBplus (Complete section C below)

B DBprime member (provide your annual salary information)

Please check one of the boxes below

- Provide your annual salary for the current year : \$ _____
- 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 DBplus member (provide your annual earnings information)

Please check one of the boxes below

- Provide an estimate of your annual earnings including overtime. \$ _____
- I give the CAAT Pension Plan permission to request my earnings information from my employer.
- I do not wish for the CAAT Pension Plan to contact my employer. Please use my most recent earnings information and project it forward.

D Proposed retirement dates (last day of the month you wish to retire)

Please note there is a limit of three pension estimates per member per year, and you must be within five years of retirement age. Retirement dates must be the last day of the month. For example, if you wish to retire in July 2019, enter 31-Jul-2019. Vacation amounts are optional. If you are providing vacation amounts, include dollar amounts for current year vacation entitlement only.

Date: (dd-mmm-yyyy)	Vacation (optional)
_____	\$ _____
Date: (dd-mmm-yyyy)	Vacation (optional)
_____	\$ _____
Date: (dd-mmm-yyyy)	Vacation (optional)
_____	\$ _____

E Member signature

Member signature (required)

Date