

**REQUEST FOR PENSION ESTIMATE**

<b>Member Information:</b>
Member Name: _____ Social Insurance #: _____
Address: _____
Date of Birth: _____ Telephone #: _____
Date of Retirement: _____
<b>Spouse Information:</b>
Spouse Name: _____ Social Insurance #: _____
Date of Birth: _____
<b>Type of Retirement:</b> (select one only)
<input type="checkbox"/> Normal
<input type="checkbox"/> Early
<input type="checkbox"/> Postponed (Over age 65)
<input type="checkbox"/> Disabled (Must provide proof)
<b>Signature:</b>
Member's Signature: _____ Date: _____