

## Pension Estimate Request Form

Member Name: \_\_\_\_\_ S.I.N. \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Spouse/Partner Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School Telephone #: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Pension Estimate Request (limit of 2 projections)

Last Teaching date: \_\_\_\_\_

Pension start date: \_\_\_\_\_

Alternatively, if you are uncertain of your retirement dates, you may indicate one or both of the following:

\_\_\_\_\_ Earliest retirement date

\_\_\_\_\_ Earliest unreduced retirement date

**Salary:**

Class \_\_\_\_\_ Step \_\_\_\_\_

Are you receiving an allowance: ☐ Yes ☐ No

If yes: ☐ Principal ☐ Vice Principal

☐ Assistant Principal ☐ Other (specify amount): \$ \_\_\_\_\_

Number of full-time personnel equivalents: \_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

*Mail or fax this form to:*

**Saskatchewan Teachers' Retirement Plan  
2317 Arlington Avenue  
Saskatoon SK S7J 2H8**

**Fax #: 306-955-1157**