Request for Pension Estimate



F	Personal Info	rmation		FORM ID: 029	CASE ID:
	mber Informatio				
First Name			Middle	Last Name	
Date of Birth (dd/mm/yyyy)					ber ID#
F	Request Deta	nils			
Pro	posed Retireme	ent Dates			
Reti	rement Date 1 (dd/m	nm/yyyy)			
Reti	rement Date 2 (dd/n	nm/yyyy)			
Cre	dited Service				
yeaı				retirement. If you expect to earn less th stimate of the service you expect to ear	
	Year	Credited Service (months)*	Comments:		
	* Maximum of 12 mont	hs per year.			
	Authorisation mber Authorisa				
/ICI	inder Admonsa	поп			
l hei und	eby request a pensi	ion estimate and certify t	hat the information conta	uired to administer my benefits under the ned in this form is correct to the best of the notified of the nature of the request a	my knowledge. I
•					
	Member Signature				
				Instructions	
				✓ Submit this for	
	Date (dd/mm/yyyy)			Keep a copy for	or your files

Phone: 306.751.8300 Toll Free: 1.866.394.4440

306.751.8301

sheppinfo@shepp.ca

Regina, SK S4W 0G3

102 - 4581 Parliament Ave.

SHEPP recognises and respects the importance of your privacy. Personal

information collected is used for the purpose of administering your benefits under the Plan.

www.shepp.ca