

PENSION ESTIMATE FORM

(Please complete the following by typing or printing in black or dark blue ink)



Formal pension estimates are limited to employees looking to retire within the next year. For all other requests and for multiple dates, we invite you to use the online pension estimate calculator at vestcor.org/calculators.

Member Information

First Name: _____

Last Name: _____

SIN (optional): ____ / ____ / ____ Vestcor Reference Number: _____ OR Employee ID Number: _____

Telephone: _____ Date of Birth: ____ / ____ / ____
Day Month Year

Email: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Correspondence Requested In: English French

Termination Date*: ____ / ____ / ____ Retirement Start Date**: ____ / ____
Day Month Year Month Year

*Service will be projected to your termination date.

**The earliest the pension may commence is the month following the Termination Date.

Spousal Information (optional)

Some optional form pension amounts are determined based on spouse's age; in order for your estimate to more accurately reflect these amounts, please provide the following (if applicable):

Spouse's Name: _____

Spouse's Date of Birth: ____ / ____ / ____
Day Month Year

PRIVACY CONSENT: The personal information collected on this form will be used by Vestcor to: identify the member making the request; determine language preference; calculate the pension estimate and determine the available options, including survivor pensions (as applicable); contact the member as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at info@vestcor.org. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy.

AUTHORIZATION: I certify that the information above is accurate.

Employee Signature: _____ Date: ____ / ____ / ____
Day Month Year

Please return completed form as soon as possible to:
Vestcor
P.O. Box 6000, Fredericton, NB E3B 5H1
Fax: 506-457-7388

For more information, please contact Vestcor at:
Telephone: 506-453-2296 or 1-800-561-4012 (toll free)
Email: info@vestcor.org
Website: vestcor.org

IMPORTANT: Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format.