

PENSION ESTIMATE FORM

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



Member Information

First name: _____

Last name: _____

SIN: _____ - _____ - _____ Date of Birth: _____ D / _____ M / _____ Y

Telephone: _____

Email: _____

Home address: _____

City: _____ Province: _____ Postal Code: _____

Applicant's language preference: ☐ English ☐ French

Termination Date: _____ Retirement Start Date: _____
Day Month Year Month Year

(Service will be projected to your 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: _____ D / _____ M / _____ Y

Employee Signature: _____ Date: _____

Please return completed form to:

Vestcor
P.O. Box 6000
Fredericton, NB E3B 5H1

Email: info@vestcor.org
Fax: 506-457-7388

Telephone: 506-453-2296
Toll Free: 1-800-561-4012
Website: www.vestcor.org/pensions