

**Part A – Information on active or non active public sector pension plan member**

**1. Identification of pension plan member**

\* You will find your identification number on your statement of participation for public sector pension plans.

		17
Last name	First name	Identification number*
Name at birth (if different)		Social insurance number
Year	Month	Day
Date of birth	Sex	
	<input type="checkbox"/> Feminine <input type="checkbox"/> Masculine	

In order to protect the confidentiality of your personal information, we cannot send your statement of contributions by fax.

**2. Address**

Number	Street, avenue, boulevard	Apartment	P.O. Box	Postal station
City, town, municipality		Province or State	Country	Postal code

**3. Other contact information**

Area code Telephone at home	Area code Telephone at work	Extension
Area code Cell phone	Language of correspondence	
	<input type="checkbox"/> French <input type="checkbox"/> English	

**4. Pension Plan**

Name of pension plan:

**Part B – Signature of active or non-active public sector pension plan member**

I hereby certify that the information provided in this form is accurate and complete.

	Year	Month	Day
Signature of active or non-active public sector pension plan member	Date		

Complete Part C if you want a copy of your statement of contributions to be provided to your representative.

Your representative must be a physical person and not an agency or a firm since only a physical person may represent another physical person.

## Part C – Information on the person authorized to receive the document

### 1. Identification of the representative of the public sector pension plan member

\_\_\_\_\_  
Last name First name

Sex \_\_\_\_\_  
 Feminine  Masculine Title \_\_\_\_\_

### 2. Firm's type

Insurer  Financial advisor  Employer  Union  Other:

\_\_\_\_\_  
Department Firm's name

### 3. Address

\_\_\_\_\_  
Number Street, avenue, boulevard Apartment P.O. Box Postal station

\_\_\_\_\_  
City, town, municipality Province or State Country Postal code

### 4. Other contact information

\_\_\_\_\_  
Area code Telephone at home (if applicable) Area code Telephone at work Extension

## Part D – Active or non-active public sector pension plan member's authorization

I hereby authorize Retraite Québec to send a copy of my statement of contributions and, if applicable, my explanatory letter to the person identified in Part C.

\_\_\_\_\_  
Signature of active or non-active public sector pension plan member

\_\_\_\_\_  
Date

Year Month Day

Your application for a statement of contributions will be returned to you if it is not signed.

## Access to Documents Held by Public Bodies and the Protection of Personal Information

The personal information collected in this form and, if applicable, in any documents that must be attached, is necessary to study your application. Your personal information is confidential and may not be disclosed without your consent unless authorized by law. At Retraite Québec, access to that information is reserved solely for people competent to receive it when necessary to the performance of their duties.

Not providing the information requested in the mandatory sections may have as a result to void your application or will delay its process. This does not apply to the optional sections.

The Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information allows you to consult your personal information and have it corrected.

#### Please return this form to:

Retraite Québec  
Case postale 5500, succursale Terminus  
Québec (Québec) G1K 0G9

#### By secure email

[www.retraitequebec.gouv.qc.ca/infosecteurpublic](http://www.retraitequebec.gouv.qc.ca/infosecteurpublic)

#### TO CONTACT US

418 643-4881 (Québec region)  
1 800 463-5533 (toll-free)

#### Suscribe to our electronic mailling list

By subscribing to our electronic mailing list, you can keep up with the latest information on the various public sector pension plans. The registration form is available on our website.