



# HOOPP

## Member Request For Pension Estimates

Date Received (for HOOPP use only)

Updated August 2007

### 1 MEMBER INFORMATION

Member name: \_\_\_\_\_  
(last name) (first name) (middle initial)

Social insurance number (SIN): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
day month year

Spouse's name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_  
day month year

Home telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Business telephone (optional): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address:

\_\_\_\_\_  
(number) (street) (apt.)

\_\_\_\_\_  
(city) (province) (postal code)

I am currently (*choose all that apply*):

a full-time employee    a part-time/casual employee    participating in HOOPP at more than one employer  
(*indicate percentage of time worked at this employer: \_\_\_\_*)

### 2 PROPOSED RETIREMENT DATE: \_\_\_\_\_ day month year

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
day month year

Please return your form to HOOPP at the address or facsimile number listed below. It will take up to ten days to supply you with a confidential estimate. If, in the meantime, you have any questions about your pension, please talk to your employer's human resources department or contact a HOOPP client service representative. Representatives are available to help you Monday to Friday, from 8 a.m. to 5 p.m.

✓ SEND ORIGINAL TO HOOPP    ✓ MAKE ONE COPY FOR YOUR FILES  
HOOPP, 1 Toronto St., Suite 1400, Toronto ON M5C 3B2  
Tel: 416-369-9212 TOLL FREE: 1-888-333-3659 Fax: 416-369-0225  
E-mail: clientservices@hoopp.com Web site: www.hoopp.com