

PEI Public Sector Pension Plan Annual Pension Statement Correction Form

Member Name: _____

Member ID: _____

Statement for the period: _____

Member E-mail: _____ Member Telephone #: _____

If there is information regarding your pension account that you wish to have updated or investigated, please enter the information below as you believe it should be.

INFORMATION TO BE UPDATED:

Name: _____

Address: _____

Postal Code: _____

Date of Birth (dd-mmm-yyyy): _____

Please Note: the above corrections should also be provided to your payroll administrator

INFORMATION TO BE INVESTIGATED (Check the boxes that apply):

Membership Date

Purchase of Service

Credited Years of Service

Average Pensionable Salary

Comments: _____

This form must be returned using ONE of the following:

MAIL

Department of Finance
Pensions & Capital Management
P.O. Box 2000
Charlottetown PE C1A 7N8

FAX

(902) 620-3096

E-MAIL

peipspp@gov.pe.ca

If this form was completed by someone other than the employee, please provide the following:

(Name - Please Print)

(Phone Number)