



# VOLUNTARY CONTRIBUTION LIMIT CALCULATION REQUEST

Please return this completed form to: Saskatchewan Teachers' Retirement Plan  
2317 Arlington Avenue, Saskatoon SK S7J 2H8  
Fax: 306-955-1157  
Email: strp@stf.sk.ca

Plan Member's Name	Initial	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mailing Address	City/Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Teacher's Certificate Number	Date of Birth	Work Telephone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
	(Day/Month/Year, e.g., 31 JAN 2000)			
Home Telephone Number	<input type="text"/>			

My salary information is as follows:

Class  Step  Allowances (annual amount) \$

Additional information:

Member's Signature	Date
<input type="text"/>	<input type="text"/>
	(Day/Month/Year, e.g., 31 JAN 2000)