



## Part C - Information on the person authorized to receive the document requested

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.

### 1. Identification of representative

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

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

#### Contact information of the representative's firm and type of firm:

Insurer  Financial advisor  Employer  Union  Other: \_\_\_\_\_  
\_\_\_\_\_  
Department Firm's name

### 2. Address

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

### 3. Other contact information

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

### Member's authorization

I hereby authorize CARRA to send a copy of my statement of contributions to the person identified in Part C.

\_\_\_\_\_  
Signature of member  
\_\_\_\_\_  
Date  
Year Month Day

*In this form, the masculine is taken to include the feminine.*

Your application for a statement of contributions will be returned to you if it is not signed. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information* (R.S.Q., c. A-2.1), the information will be disclosed only to authorized agents. The Act allows you to examine your personal information and ask for correction.

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

**Please return this form to:**

**Commission administrative des régimes  
de retraite et d'assurances  
475, rue Saint-Amable  
Québec (Québec) G1R 5X3**