



AREF Registration Form

PARTICIPANT	
Last name	First name
Address	
Town/City	Postal code
Tel.	Social Insurance Number (mandatory for Retraite Québec)
Email address	

Reverse →

As a member of AREF, I authorize Retraite Québec to deduct \$2.50 a month from my pension.
I can cancel my registration at any time by writing to the Secretariat.

Educational establishment at the time of retirement		Position held	
Date	Signature		

IMPORTANT

Only the names of members are published at www.aref-neq.ca.

If you don't want this information to appear, please advise the Secretariat in writing or check the box below.

I do not want my name to appear on the site.

AREF – Secretariat
PO Box 34009
Quebec QC G1G 6P2
1 888 513-2494

← **Front**