

REQUEST OR CHANGE ADDITIONAL INCOME TAX

Changes to your Income Tax Deductions can be made online by accessing your My*Pension* account or by completing this form and returning it to ATRF.

Pension Recipient Personal Information (please print)	ATRF ID/Pension Number	□ Ms	s. 🗖 Miss	☐ Mrs.	□ Mr.	□ Dr.
	Name Last	First			Initia	al
	Previous Last Name (if applicable)	Date	of birth	YYYY	MM	DD
		()			
	Address Street	Telep	phone Home			ļ
	City	(Telep) hone <i>Alternate</i>			
	Province Postal Code	Person	nal E-mail Address	5		
Additional Tax Information	I wish to: Check one:					
The amount of	Increase my additional income tax deduction	ns by	\$,	/ month	
income tax that is withheld cannot be reduced below the calculated amount	Decrease my additional income tax deductions by \$\frac{\$ / month}{}\$					
that ATRF is required to withhold in accordance with Canada Revenue Agency regulations.	Set my total income tax withheld at		<u>%</u>		/ month	
rigency regulationer	Effective:					
Signature						
This form must be signed by the pension recipient or a person with signing authority for the pension recipient.	Signature		Date	YYYY	ММ	DD

Alberta Teachers' Retirement Fund Board

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