



TEACHERS' RETIREMENT ALLOWANCES FUND

Beneficiary Social Insurance Number Verification

Please print clearly.

Please complete and return to TRAF.

Personal Information of Deceased Member:

Form with fields for Last Name, First Name, Middle Name, Former Last Name(s), Social Insurance Number (SIN), Pension Number (if available), and gender options (Miss, Ms., Mrs., Mr., Other).

Beneficiary Information:

Form with fields for Last Name, First Name, Middle Name, Former Last Name(s), Date of Birth (m/d/y), Social Insurance Number (SIN), Address, City, Province/State, Postal/Zip Code, Country, Home Phone, Cell Phone, and Email Address.

Beneficiary Confirmation:

I hereby confirm that the above information is correct.

Beneficiary Signature and Date (m/d/y) fields.

or,

Authorized Agent Signature and Date (m/d/y) fields.

Check applicable box if authorized agent confirmation:

- Power of Attorney (Please forward Power of Attorney document if not already submitted.)
Public Trustee (Please forward order of supervision if not already submitted.)