

Teachers' Retirement Allowances Fund

Please print clearly.

Please complete and return to TRAF. You will be notified of benefits available to you once we receive your completed form and proof of age.

Note: Transfers out of this pension fund are subject to maximum transfer value rules set out in the *Income Tax Act*. As a result, the allowable RRSP transfer amount may be limited. Any amount over the maximum must be paid directly to you as cash, less withholding tax.

Personal Information Completed by Member:	Last Name	First Name	Midd			
	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		Spouse/Partner's Date of Birth (m/d/y)		
	Email Address					
Marital Status:	☐ Married ☐ Commo	on-Law 🗌 Separated		Single		Widowed
	Spouse/Partner's Full Name Spouse/Partner's Date of Birth (m/d/y)				m/d/y)	
	Were you involved in one or more marriage or common-law relations breakups after 1983?			hip		□ Yes □ No
	If "Yes," list dates when those relationships began and ended:					
	Relationship Began (m/d/y)	Relationship Ended (m/d/y)		_		
	Relationship Began (m/d/y)	Relationship Ended (m/d/y)		_		
Plan Member Employment:						
Information:	Last/Current Employer Name		Date (m/d/y)			
	Date Employment Contract Ended or Will End (m/d/y)		New Employer Name (if known)			

Plan Member Signature:

- □ I declare that, to the best of my knowledge, the information given in this notice is true and complete.
- \Box I have enclosed proof of age.

Acceptable proof of age could be your birth certificate, valid Canadian passport, baptismal certificate or citizenship papers. Until further notice, original and certified copies are not required. However, TRAF reserves the right to request originals or certified copies.

Member Signature

Date (m/d/y)