



Leaving Teaching Notice (other than retirement)

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	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	Spouse/Partner's Date of Birth (m/d/y)

Email Address		

Marital Status:

Married Common-Law Separated Single Widowed

_____	_____
Spouse/Partner's Full Name	Spouse/Partner's Date of Birth (m/d/y)

Were you involved in one or more marriage or common-law relationship breakups after 1983? 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.
- 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)