

TEACHERS' RETIREMENT ALLOWANCES FUND

Marriage/Common-Law Breakdown Calculation Request

Please print clearly.

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	Employed By		
Solicitor Information:	Solicitor's Name	Name of Firm			
	Address, City, Province, Postal/Zip Code, Country				
	Business Phone				
Proof of Age:	Please submit with this form ☐ Birth certificate ☐ Valid Canadian passpon ☐ Baptismal certificate ☐ Citizenship papers		ceptable documents for proof of age:		
	Until further notice, original and certified copies are not required. However, TRAF reserves the right to request originals or certified copies. Legislation does not allow us to accept a driver's licence as proof of age.				
Former Spouse/Partner					
Information:	Last Name	First Name	Middle Name		
	Former Last Name(s)	Date of Birth (m/d/y)			
	Address, City, Province, Postal/Zip Code, Country				
	Home Phone	Cell Phone	Employed By		
Solicitor Information:	Solicitor's Name	Name of Firm			
	Address, City, Province, Postal/Zip Code, Country				
	Business Phone				

Confirmation of Dates:	Date of Marriage or Declaration of Common-law Relationship: Date of Cohabitation, if earlier: Date of Separation or Termination of Common-law Relationship: Province of Residence on Date of Separation:				
Authorization:	Completion of this form authorizes TRAF to proceed with the calculation of the member's pension benefit credit, or if the member's pension has already commenced, the member's monthly pension earned during the relationship. On completion of this calculation, TRAF will notify all parties.				
	Member Signature	Date (m/d/y)	Signature of Witness		
	Former Spouse/Partner Signature	Date (m/d/y)	Signature of Witness		