

TEACHERS' RETIREMENT ALLOWANCES FUND

Marriage/Common-Law Breakdown Calculation Request

Please print clearly.

Personal Information Completed by Member:	Last Name	First Name	Middle Name	
☐ Miss☐ Ms.☐ Mrs.	Former Last Name(s)	Date of Birth (m/d/y)	Social Insurance Number (SIN)	
☐ Mr.☐ Other	Address, City, Province/State, Postal/Zip Code, Country			
Calinitan Information.	Home Phone	Cell Phone	Employed By	
Solicitor Information:	Solicitor's Name	Name of Firm		
	Address, City, Province, Postal/Zip Code, Country			
	Business Phone			
Former Spouse/Partner Information:	Last Name	First Name	Middle Name	
	Former Last Name(s)	Date of Birth (m/d/y)	Social Insurance Number (SIN)	
	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	

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