

## TEACHERS' RETIREMENT ALLOWANCES FUND

## 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:	<ul> <li>Please submit with this form a copy of one of the following acceptable documents for proof of age:</li> <li>Birth certificate</li> <li>Valid Canadian passport</li> </ul>			
	□ Baptismal certificate			
	□ Citizenship papers			
	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		
	Soleroi 5 Pane			
	Address, City, Province, Postal/Z	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	