



TEACHERS' RETIREMENT ALLOWANCES FUND

Past Service Purchase Application

Please print clearly.

Completing this form allows TRAF to calculate a Past Service cost. It does not obligate you to make payments.

Personal Information

Completed by
Member:

Last Name

First Name

Middle Name

☐ Miss

☐ Ms.

☐ Mrs.

☐ Mr.

☐ Other _____

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

PSP Number

Email Address

Authorization:

I request a cost calculation for:

- ☐ Service while employed under the Minister of Education or the minister responsible for universities
- ☐ Service while employed with the Faculty of Education at a Manitoba university
- ☐ Service as a clinician while employed by a school division prior to December 1, 1980

Approximate dates of service:

Date (m/d/y)

Date (m/d/y)

Date (m/d/y)

Teaching/Clinician Certificate #: _____

Date issued: _____

Date (m/d/y)

Member Signature

Date (m/d/y)

Past Service Verification Completed by Past Employer:

Please provide as much detailed information as possible to assist TRAF in determining service and earnings. Attach a separate schedule if necessary.

Year: _____ From: _____ To: _____ Service: _____ Earnings: \$ _____

Year: _____ From: _____ To: _____ Service: _____ Earnings: \$ _____

Were pension contributions (other than CPP) made on these earnings?

☐ Yes ☐ No

If so, have they been refunded to the member?

☐ Yes ☐ No

Additional notes: _____

Authorization:

On behalf of Employer _____, I verify this information is correct.

Signature

Date (m/d/y)

Position

Phone

Continued on next page.

Salary Verification
Completed by
Current Division
Payroll Personnel:

Full-time Current Salary Rate	Contract Year	Part-time Rate (%)
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Authorization: **On behalf of School Division/District** _____ ,
I verify this information is correct.

Signature	Date (m/d/y)
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Position	Phone
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