

Please print clearly.

## **Power of Attorney**

## TEACHERS' RETIREMENT ALLOWANCES FUND

Pensioner/Payee **Information:** Last Name First Name Middle Name Home Phone Former Last Name(s) Social Insurance Number Address, City, Province/State, Postal/Zip Code, Country Pension Number (If in receipt of more than one pension, please indicate all pension numbers.) **Power of Attorney** ☐ Attach a copy of Power of Attorney (make sure it shows all signatures and dates). TRAF document: reserves the right to request originals or certified copies. ☐ Copy already on file at TRAF (pick one): ☐ General ☐ Limited □ Enduring Springing **Power of Attorney** Individually (pick one): Severally ☐ Jointly 1. Power of Attorney **Information** (primary contact): Last Name First Name Middle Name Address, City, Province/State, Postal/Zip Code, Country Home Phone Cell Phone Email Address **Power of Attorney** ☐ Copy of driver's license (preferred) **Photo Identification:** □ Other: (Please specify. ID must include photo ID and address.)

If more than two Powers of A provide signature.	attorney will act on the payee's	behalf, please attach a separate lis	st for address and photo ID and
2. Power of Attorney Information (if jointly or severally appointed):	Last Name	First Name	Middle Name
	Address, City, Province/State, Postal/Zip Code, Country		
	Home Phone	Cell Phone	
	Email Address		
Power of Attorney Photo Identification:	☐ Copy of driver's license (preferred) ☐ Other: (Please specify. ID must include photo ID and address.)		
Changes to be Made:	<ul> <li>☐ Yes (Please attach change notification form available on TRAF website.)</li> <li>☐ No</li> </ul>		
Mailing Preferences:	<ul> <li>☐ Mail annual tax slips and correspondence to pensioner/payee</li> <li>☐ Mail annual tax slips and correspondence to power of attorney (primary contact)</li> </ul>		
	Please register for Online Services to access various types of correspondence.		
Authorization:	1. Power of Attorney signature (i	ndividual or primary)	Date (m/d/y)
	2. Power of Attorney signature (j	oint or several attorney)	Date (m/d/y)

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