



# Power of Attorney

## TEACHERS' RETIREMENT ALLOWANCES FUND

Please print clearly.

### Pensioner/Payee Information:

<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other	_____	_____	_____
	Last Name	First Name	Middle Name
	_____	_____	_____
	Former Last Name(s)	Social Insurance Number	Home Phone
_____			
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 document:

- Attach a copy of Power of Attorney (make sure it shows all signatures and dates). TRAF reserves the right to request originals or certified copies.
- Copy already on file at TRAF (pick one):
  - General
  - Limited
  - Enduring
  - Springing

### Power of Attorney (pick one):

- Individually
- 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 Photo Identification:

- Copy of driver's license (preferred)
- Other: \_\_\_\_\_ (Please specify. ID must include photo ID and address.)

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If more than two Powers of Attorney will act on the payee's behalf, please attach a separate list for address and photo ID and provide signature.

**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.)

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**Changes to be Made:**

- Yes (Please attach change notification form available on TRAF website.)
- No

**Mailing Preferences:**

- Mail annual tax slips and correspondence to pensioner/payee
- Mail annual tax slips and correspondence to power of attorney (primary contact)

Please register for Online Services to access various types of correspondence.

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**Authorization:**

\_\_\_\_\_  
1. Power of Attorney signature (individual or primary)

\_\_\_\_\_  
Date (m/d/y)

\_\_\_\_\_  
2. Power of Attorney signature (joint or several attorney)

\_\_\_\_\_  
Date (m/d/y)