

Teachers' Retirement Allowances Fund

Power of Attorney

Please print clearly.

Pensioner/Payee Information:				
	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.) 			

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): Power of Attorney Photo Identification:	Last Name	First Name	Middle Name	
	Address, City, Province/State, Postal/Zip Code, Country			
	Home Phone	Cell Phone		
	Email Address			
	 Copy of driver's licens Other: address.) 	-	ecify. ID must include photo ID and	
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.			
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)	