



# Service Purchase Application

## TEACHERS' RETIREMENT ALLOWANCES FUND

Please print clearly.

Completing this form allows TRAF to calculate a cost for 5-Year Conversion, Refunded Service or Educational Leave. It does not obligate you to make payments. You can access our website at [traf.mb.ca](http://traf.mb.ca) for additional copies, if required.

### 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

### Member Authorization:

I request a cost calculation for:

- 5-Year Conversion
- Educational Leave (include copy of transcripts)
- Refunded Service

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

### To be completed by Division Payroll Office:

#### For Educational Leave and Refunded Service:

\_\_\_\_\_  
Full-time Current Salary Rate Contract Year Part-time Rate (%)

#### For Educational Leave Only:

From: \_\_\_\_\_ To: \_\_\_\_\_  
Date (m/d/y) Date (m/d/y)

Returned to teach: \_\_\_\_\_ Salary upon returning to teach: \_\_\_\_\_  
Date (m/d/y)

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**Division Authorization:**

On behalf of School District/Division \_\_\_\_\_,  
I verify this information is correct.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Position

\_\_\_\_\_  
Phone