

Substitute Service Purchase Application

Teachers' Retirement Allowances Fund

Please print clearly.

Completing this form does not obligate you to make payments. Fill in the top two sections and submit a copy of this form to your division(s). Once TRAF receives the completed form(s) from all divisions, we will calculate the cost to purchase this service.

Personal Information Completed by Member:	Last Name		First Name		Middle Name	
☐ Miss ☐ Ms. ☐ Mrs.	Former Last Name	(s)	Date of Birth (m/d/	(y)	Social Insurance Number (SIN)	
☐ Mr. ☐ Other	Address, City, Province/State, Postal/Zip Code, Country					
	Home Phone		Cell Phone		PSP Number	
	Email Address					
Member Authorization:	I request a cost calculation for substitute service from Date (m/d/y)					
Member must fill in this section, then submit this application to all applicable school divisions.	Thave requested substitute service information from the following school divisions: 1)					
	Member Signature			Date (m/d/y)		
Salary and Service Verification Completed by Division Payroll Personnel:	Full-time Current S	-	Contract Year		Part-time Rate (%)	
Divisions must return completed forms to TRAF before the calculation can be performed, and to the	Earnings and number of days substituted must be broken down by term. Number of Days Year Term (Fall or Spring) Earnings (by term) Substituted (by term)					
member for their records.		_			emental form, Substitute ubmit both completed forms	

Division Authorization:	On behalf of the school division, I,, verify this information is correct and complete, and TRAF contributions have not already been deducted from the above entries as listed.				
	Signature	Date (m/d/y)			
	Position	Phone			

Fax: 204-944-0361 • Phone: 204-949-0048 • Toll Free: 1-800-782-0714

Email: info@traf.mb.ca • Website: traf.mb.ca