

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	
	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		Email Address	
	Teaching Certificate Number Teach		Teaching Cert	tificate Date of Issue		
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.	to Date (m/d/y) I have requested substitute service information from the following school divisions:					
	1)			3)		
	Member Signature			Date (m/d/y)		
Salary and Service Verification	Full-time Current S	Salary Rate	Contract Year	:	Part-time Rate (%)	
Completed by Division Payroll Personnel:	School division:					
Divisions must return completed forms to TRAF	Earnings and number of days substituted must be broken down by term.					
before the calculation can be performed, and to the member for their records.	Year 	Term (Fall or S	pring) Ea	arnings (by term)	Number of Days Substituted (by term)	
					lemental form, Substitute ubmit both completed forms	

Division Authorization:	On behalf of the school division, I,	, verify that:	
	 ☐ This information is correct and complete. ☐ TRAF contributions have not already bee ☐ The member held a valid teaching certific 		
	Signature	Date (m/d/y)	
	Position	Phone	

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