ATRF

PENSION APPLICATION

The information provided on this application will be used under the provisions of the *Teachers' Pensions Plans Act*.

Name	**S.I.N.**
Address	**Date of Birth** /YR /MO /DAY
	Home Phone Number ( )
Postal Code	**Work Phone Number** ( )

Name of Most Recent Employer _____

My resignation was effective _____
MONTH DAY YEAR

REQUIRED DOCUMENTS WHICH MUST ACCOMPANY THIS COMPLETED APPLICATION FORM

- **Your Official Birth Certificate (original or Certified copy), as evidence of your age**
- **Your Marriage Certificate (original or Certified copy), if you are married**
- **Your Spouse / Pension Partner's Official Birth Certificate (original or Certified copy)**
- **ATRF's Spousal / Pension Partner Status Declaration (attached)**

PLEASE PLACE A CHECK BESIDE THE STATEMENT(S) THAT APPLY TO YOU AND ATRF WILL SEND THE APPROPRIATE APPLICATION FORM(S) TO YOU TO BE COMPLETED AND RETURNED.

_____ **I have provided substitute teaching service in Alberta since 1971 that has not yet been purchased, and I am interested in purchasing that time.**

_____ **I have pensionable service with another teacher pension plan in Canada, and I wish to transfer it to ATRF.**

_____ **I have been receiving Extended Disability Benefits Insurance since September 1, 1992.**

_____ _____

APPLICANT'S SIGNATURE **APPLICATION DATE**