



REQUEST FOR STATEMENT OF BENEFIT ENTITLEMENT FORM

Member Information

Social Insurance Number

Please use ink and print.

Name Last

First

Initial

Address Street

City

Province

Postal code

Telephone Home

Telephone Work

Solicitor Information

Member signature is required (below)

Name of Solicitor

Address

Complete only if you wish a copy of the statement to go to your solicitor.

Non-member Pension Partner Information

Legislation requires both parties receive a copy of the statement.

Check if your non-member pension partner is also a member of the plan.

Name Last

First

Initial

Address Street

City

Province

Postal code

Solicitor Information

Non-member Pension Partner signature is required (below)

Name of Solicitor

Address

Complete only if you wish a copy of the statement to go to your solicitor.

Joint Accrual Period

Start Date

End Date

Member Signature

Signature

Date

yyyy

mm

dd

Non-member Pension Partner Signature

Only needed if address is the same.

Signature

Date

yyyy

mm

dd

Alberta Teachers' Retirement Fund Board

600 Barnett House, 11010 142 Street NW, Edmonton AB T5N 2R1
Tel 780 451-4166 Fax 780 452-3547 Toll Free 800 661-9582 www.atrf.com