

## Personal Information

Please use ink and print clearly

ATRF ID Number _____		Social Insurance Number _____	
Name Last _____		First _____	Middle Initial _____
Address Street _____		Date of Birth	_____
		yyyy	mm dd
City _____		Telephone Home _____	
Province _____	Postal Code _____	Telephone Work _____	
Email Personal _____		Telephone Cell _____	

Indicate residence below only if currently living outside of Canada

☐ For income tax purposes, I am considered a Non-Resident of Canada (specify country: \_\_\_\_\_)

## Pension Partner Status

Before completing this section, please read the Definitions on the reverse of this form.

I have read the definition of a pension partner provided on the back of this form and solemnly declare conscientiously believing it to be true that:

☐ I DO have a pension partner

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

yyyy mm dd

☐ I DO NOT have a pension partner

And should my pension partner status change on or before the pension commencement, I will inform ATRF.

## Increasing Your Pension

Indicate below if you wish to receive information about any of the following: (N.B. Most applications must be made before your contract has terminated.)

- ☐ Purchasing substitute teaching service that was provided in Alberta since May 1971
- ☐ Purchasing a leave of absence that was granted by your employer
- ☐ Purchasing previously refunded service
- ☐ Purchasing a reciprocal transfer shortage
- ☐ Purchasing past private school service
- ☐ Purchasing a period of disability that occurred prior to September 1992
- ☐ Transferring service from a reciprocal pension plan in Canada (Plan name: \_\_\_\_\_)
- ☐ Accruing pensionable service for any period while in receipt of Extended Disability Benefit Insurance after August 1992

## Termination Date

Indicate the termination date of your last teaching contract with an ATRF employer.

Name of Last ATRF Employer \_\_\_\_\_ Contract End Date \_\_\_\_\_

yyyy mm dd

## Applicant's Signature

This certifies that I have read the information on the reverse of this form and clearly understand the choice I have made.

Signature \_\_\_\_\_ Current Date \_\_\_\_\_

yyyy mm dd

**Please forward this application directly to ATRF**

**The information provided on this application will be used under the provisions of the *Teachers' Pension Plans Act*. If you need a copy for your records, please make a photocopy of both sides of the application.**

### **Definitions**

The following definitions are provided in the Teachers' and Private School Teachers' Pension Plans (the plan rules):

**"Pension Partner"** (section 1(1)(hh.1) of the plan rules)

"pension partner" in relation to a member, means

- (i) a person who, at the relevant time, was married to that member and had not been living separate and apart from that member for 3 or more consecutive years, or
- (ii) if there is no person to whom subclause (i) applies, a person who, as at and up to the relevant time, had lived with that member in a conjugal relationship for a continuous period of at least 3 years and was, during that period, held out by that member in the community in which they lived as being in that conjugal relationship;

**"Living separate and apart"** (section 1(3) of the plan rules)

[...] persons are living separate and apart

- (a) if they are living separate and apart and either of them has the intention to live separate and apart from the other, or
- (b) if,
  - (i) they had been living separate and apart,
  - (ii) the separation was interrupted or ended by reason only that either of them became incapable of continuing to live separate and apart or of forming or having the intention to continue to live apart of that person's own volition, and
  - (iii) the separation would probably have continued if that person had not become so incapable.