

SERVICE PURCHASE APPLICATION

Personal Information

Please use ink and print clearly. If ATRF has not verified your date of birth, please enclose legible copies of your proof of age documents with this application.

_____ 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	

Purchase Type **Indicate below the type of service to purchase and complete the Purchase Type Details on page 2 of this form.**

- ☐ Substitute service
- ☐ Employer-approved leave of absence
- ☐ Parental leave of absence
- ☐ Previously refunded service
- ☐ Reciprocal transfer shortage
- ☐ Period of disability that occurred before September 1992
- ☐ Past Independent School service

ATRF Employer

Name of Current or Last ATRF Employer

Applicant's Signature

This certifies that I have read the information on the reverse of this form and want to receive more information on the purchase type selected.

Signature

Current Date _____
yyyy mm dd

The personal information collected through this form is for the purpose of administering benefits under the Teachers' and Independent School Teachers' Pension Plans and will be input into an automated system which generates content. This collection is authorized by sections 4(a) and 4(c) of the *Protection of Privacy Act* and section 25 of the *Teachers' Pension Plans Act*. For questions about the collection of personal information, contact legal@atrf.com or 1-800-661-9582 or by mail to 500 Barnett House, 11010 142 Street NW, Edmonton, AB, T5N 2R1.

Alberta Teachers' Retirement Fund

500 Barnett House, 11010 142 Street NW, Edmonton AB T5N 2R1

Please forward this application directly to ATRF.

Purchase Type Details

☐ **Substitute Service**

- ☐ I am currently contributing to ATRF or accruing service as a disabled member.
- ☐ I am not contributing to ATRF or accruing service as a disabled member.

Indicate amount of service to purchase:

- ☐ All substitute service on file
- ☐ Amount of service to purchase: _____ year(s)

Attach a letter from your employer confirming the number of days before September 1, 1997.

- ☐ Already provided

☐ **Employer Approved Leave**

- ☐ School year(s): _____ to _____
- ☐ Amount of service to purchase: _____ year(s)

Attach a letter from your employer confirming leaves **before** September 1, 1997.

- ☐ Already provided

☐ **Parental Leave**

- ☐ School year(s): _____ to _____
- ☐ Amount of service to purchase: _____ year(s)

Attach a letter from your employer confirming leaves **before** September 1, 1997.

- ☐ Already provided

☐ **Previously Refunded Service**

- ☐ School year(s): _____ to _____
- ☐ Amount of service to purchase: _____ year(s)

☐ **Reciprocal Transfer Shortage**

Indicate amount of service to purchase: _____ year(s)

☐ **Period of Disability before September 1, 1992**

- ☐ School year(s): _____ to _____
- ☐ Amount of service to purchase: _____ year(s)

Attach a letter from the insurance company that paid your disability benefits confirming the dates that you were paid disability benefits.

- ☐ Already provided

☐ **Past Independent School Service**

- ☐ School year(s): _____ to _____
- ☐ Amount of service to purchase: _____ year(s)

Attach a statement from the independent school(s) verifying the period of service.

- ☐ Already provided