

Form 3

APPLICATION FOR A REFUND OF CONTRIBUTIONS
The Teachers' Pensions Act

Personal

Miss Mrs. Ms.
 Mr. _____

Social Ins. No. _____ Birth date (d-m-y) _____

Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ Province _____

Postal Code _____ Phone: Residence (____) ____-____ Phone: Business (____) ____-____

Employment

I terminated my teaching contract on ____ / ____ / ____
day month year

I contributed to the Teachers' Retirement Allowances Fund throughout my employment at:

School Division	Start (d-m-y)	End (d-m-y)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorization

- I am not currently employed as a teacher, other than as a substitute teacher, by a public school division, district or area, the Manitoba government or any of its agencies, or by a municipality; and
- I will not be employed in such a position within the next 90 days.
- Since 1984, I have not been involved in a marriage/common-law relationship breakup. (*If you were, contact TRAF for more information*)
- I have reviewed my alternatives to a refund with a TRAF Member Service Representative.

Please send my refund cheque to:

- my home address above;
- my RRSP (T2151 form is attached)
- other _____

Member Signature Date

Office use only	Date:	Cheque No:	Initials:
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