

Form 5

PENSION APPLICATION
The Teachers' Pensions Act

Before you start make sure you have:

1. Reviewed and referred to your Pension Estimate Sheet.
2. Read "Six Steps to Retirement — Your Guide to the T.R.A.F. Pension Plan".
3. Read and evaluated all plan descriptions.

Personal

	_____	_____	
	Social Ins. No.	Birth date (d-m-y)	
<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	
<input type="checkbox"/> Mr.	<input type="checkbox"/> _____		
	_____	_____	_____
	Name: Last	First	Middle
	_____	_____	_____
	Address: Street	City	Province
	_____	(____) ____ - _____	(____) ____ - _____
	Postal Code	Phone: Residence	Phone: Business

Marital Status

	<input type="checkbox"/> married	<input type="checkbox"/> common-law	<input type="checkbox"/> separated
	<input type="checkbox"/> single	<input type="checkbox"/> divorced	<input type="checkbox"/> widowed
Spouse/Common-law partner information:	_____	_____	_____
	Name: Last	First	Middle
	_____	_____	
	Social Ins. No.	Birth date (d-m-y)	
	What day did the marriage/common-law relationship begin? _____		
	Were you involved in one or more marriage or common-law relationship breakups after 1983? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, list dates when those relationships began and ended:		

Employment

_____	_____
Name of current or last employer	Date teaching contract ended

Form 5 (continued)

Plan Options

Refer to the "Six Steps to Retirement" guide for descriptions.

If single:

- Plan A — Ordinary Life
- Plan B — 10 Year Guarantee

If married or common-law partner:

- Plan A — Ordinary Life
- Plan B — 10 Year Guarantee
- Plan C — Full to Last Survivor
- Plan D — 2/3 to Last Survivor
- Plan E — 1/2 to Last Survivor
- Plan F — 1/2 to Beneficiary
- Plan G — 2/3 to Beneficiary
- Plan H — Optional plan approved by the board

Beneficiary Information:

Name: Last	First	Middle
Street	City	Province
Postal Code	() - Phone: Residence	() - Phone: Business
		Relationship

Integration

- Integrate my pension: no yes with
- CPP and OAS CPP only OAS only
- Plan D members only, choose joint life integration single life integration

Spouse/Common-law Partner Authorization

I, _____, the plan member's spouse/common-law partner, sign knowing that

This section must be completed unless the applicant chooses Plan D and no integration.

- if I don't complete this section my spouse/common-law partner must select Plan D (2/3 to Last Survivor); and
- we can choose a plan from those listed under Plan Options which may provide more than or less than 2/3 to the last survivor or which may have no survivor benefits at all.

Spouse/Common-law partner to sign in the presence of an independent witness with the plan member not present.

Signature of Spouse / Common-law Partner	Date
Signature of Witness (other than family member)	Date

Form 5 (continued)

**Plan Member
Signature**

- I fully understand the Plan Option I have chosen and the effect it will have on my pension upon my death or the death of my beneficiary, if applicable.
- I understand that once my pension starts I am not permitted to change my Plan Option.
- I understand that once my pension starts I am not permitted to change my beneficiary except under Plan A or Plan B.
- I understand that my contract must be terminated before I am eligible to receive my pension.
- I understand that if I return to teach within 90 days of retirement (excluding substitute teaching), my pension will be cancelled and I am required to repay any pension payments I received. I am also required to recommence contributions to TRAF.
- I understand that if I am employed as a teacher for more than 120 days in a school year (including substitute teaching), my pension will be suspended on the 121st day and I am required to contribute to TRAF. The Act requires that I notify my employer if I am in receipt of pension and of the total days worked in a school year.

I declare that, to the best of my knowledge, the information given in this application is true and complete.

Signature of Applicant

Date

Signature of Witness (other than family member)

Date