



Teachers'
Pension Plan
Corporation
NEWFOUNDLAND
& LABRADOR

APPLICATION FOR TEACHERS' PENSION

APPLICANT

Surname: _____ Given Name: _____ Initial: _____

Social Insurance Number: _____ Telephone: (____) _____

Date of Birth: _____ Retirement Date: _____

Sex: _____ Marital Status: _____

Applicant's Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

SPOUSE

Surname: _____ Given Name: _____ Initial: _____

Social Insurance Number: _____ Date of Birth: _____

Date: _____ Applicant's Signature _____

Please include a photocopy of your birth certificate or passport