

## **TEACHERS' PENSION APPLICATION**

Please complete this form and return it to the Teachers' Pension Plan Corporation along with a photocopy of either your Birth Certificate or Passport.

Once completed, the documents can be returned by either uploading them to myPENSION by clicking on Documents and Info > Upload Documents or they can be returned to the Teachers' Pension Plan Corporation at the address below.

## Section I - PERSONAL INFORMATION

PLAN MEMBER'S LAST NAME	FIRST NAME	INITIALS
SOCIAL INSURANCE NUMBER	HOME MAILING ADDRESS	I
GENDER		
DATE OF BIRTH	PHONE NUMBER	
MARITAL STATUS	PERSONAL EMAIL ADDRESS	
Section II – RETIREMENT DATE Please provide the month, day and year. Retirement of month.  RETIREMENT DATE  Section III – SPOUSE INFORMATION	late is typically the end of a month with the	e pension beginning the following
SPOUSE'S LAST NAME	FIRST NAME	INITIALS
SOCIAL INSURANCE NUMBER	DATE OF BIRTH	I
Section IV – AUTHORIZATION		
APPLICANT SIGNATURE	DATE SIGNED	

<sup>•</sup> Tel 709 793 8772 •1 833 345 8772 • www.tppcnl.ca