

Teachers' Superannuation Fund

APPLICATION FOR 'LIMITED MEMBER' PENSION BENEFITS

First Name and Initial		Last Name	
Social Insurance Number		Date of Birth DD-MMM-YYYY	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address			
City	Province	Postal Code	
Home Phone Number		E-mail	

- A TSF pension is payable no earlier than the date the member turns or would have turned 55.
- Your pension will be reduced if you begin your pension before the age of 60 and the member from whom the benefit originated has less than 30 years of pensionable service.
- Your pension benefit cannot begin any earlier than the first of the month in which your application is received by the Pensions & Benefits office.

You've decided to access your pension on: _____ DD-MMM-YYYY

Declaration

- I understand that I am accessing a monthly pension benefit as a result of a relationship breakdown with a member of the TSF and subsequent division of pension assets.
- I understand that, if at any time the monthly pension benefit is found to exceed the amount to which I am entitled, the amount in excess shall be a debt that I or my estate owe to the Government of Prince Edward Island.

I hereby make application for my pension benefit.

Signature of Applicant

_____ DD-MMM-YYYY
Date
Turn Over to Continue...

Your application will not proceed until all of the following information has been received:

- completed direct deposit form
- completed Federal Personal Income Tax Credits Return (TD1)
- completed Provincial Personal Income Tax Credits Return (choose the form based on your province of residence)
- copy of your birth certificate or driver's license as proof of age

Direct deposit payments are payable the 22nd of each month. Where the 22nd falls on a weekend or holiday, most banks will deposit the funds the next business day. Please check with your bank to find out when payments made on weekends and holidays will be deposited. Normally, your first pension payment will be deposited the month after your pension start date.

This application and ALL supporting documents should be sent to the following address:

Pension and Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8
Fax: (902) 620-3096

Freedom of Information and Protection of Privacy Act

Personal information on this form is collected under Section 31(c) of the ***Freedom of Information and Protection of Privacy Act*** R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the administration of the pension plan and will be used for that purpose. Under certain circumstances (e.g., valuing pension benefits) some information may be released subject to the provisions of the ***Freedom of Information and Protection of Privacy Act***. If you have any questions about this collection of personal information, you may contact the Manager of Pension & Benefits.

TEACHERS' SUPERANNUATION FUND

Direct Deposit Form

PART A – APPLICANT INFORMATION:

SOCIAL INSURANCE NUMBER: _____

LAST NAME: _____

FIRST NAME & INITIAL: _____

I hereby authorize and request the Teachers' Superannuation Fund to electronically deposit my pension payroll cheque with the financial institution specified below.

Signature _____ Date DD-MMM-YYYY

PART B – BANK INFORMATION:

Please attach an unsigned cheque clearly marked “VOID” or have your bank provide a void cheque form indicating your institution, branch and account number.

Please Return this Form to:

Pensions & Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8