

Teachers' Retirement Allowances Fund

Change Notification

Please	print	clearly.
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Personal Information:			
Completed by Member:	Last Name	First Name	Middle Name
	Former Last Name(s)	Social Insurance Number	Pension Number
	Home Phone		
Address Change:			
Former address:			
	Address, City, Province/State, Postal/Zip C	ode, Country	
	Home Phone	Email Address	
New address:			
	Address, City, Province/State, Postal/Zip C	ode, Country	
	Home Phone	Email Address	
	Effective Date (m/d/y)		
	Note: If you are registered for Onl you receive a notification email fro continue to be used by TRAF until	om us and click on the link provide	-
Bank Change:	Please enclose a void cheque. If yo attach a letter from your bank conf		
Former bank:	Branch Number	Transit Number	Account Number
New bank:			
	Branch Number	Transit Number	Account Number
Changes received after the 15th will be processed the following month.			
	Effective Date (m/d/y)		

Income Tax Change:	Increase my current tax deduction by This is in addition to the amount current	\$ tlv deducted from	per month.
Changes received after the 15th will	This is in addition to the amount current	ily deddeted ffolin	iny pension.
be processed the following month.	Reduce my current tax deduction by	\$	per month.
	Income tax may not be reduced below the	ne required Canad	a Revenue Agency amount.
	Effective Date (m/d/y)	ie required Canad	a novenue regency amount.
Member Authorization:		ie required cunud	