



Please print clearly.

**Personal Information  
Completed by  
Member:**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Former Last Name(s) Date of Birth (m/d/y) Social Insurance Number (SIN)

\_\_\_\_\_  
Address, City, Province/State, Postal/Zip Code, Country

\_\_\_\_\_  
Home Phone Cell Phone Employed By

**Solicitor Information:**

\_\_\_\_\_  
Solicitor's Name Name of Firm

\_\_\_\_\_  
Address, City, Province, Postal/Zip Code, Country

\_\_\_\_\_  
Business Phone

**Former Spouse/Partner  
Information:**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Former Last Name(s) Date of Birth (m/d/y) Social Insurance Number (SIN)

\_\_\_\_\_  
Address, City, Province, Postal/Zip Code, Country

\_\_\_\_\_  
Home Phone Cell Phone Employed By

**Solicitor Information:**

\_\_\_\_\_  
Solicitor's Name Name of Firm

\_\_\_\_\_  
Address, City, Province, Postal/Zip Code, Country

\_\_\_\_\_  
Business Phone

**Confirmation of Dates:**

Date of Marriage or Declaration of Common-law Relationship: \_\_\_\_\_

Date of Cohabitation, if earlier: \_\_\_\_\_

Date of Separation or Termination of Common-law Relationship: \_\_\_\_\_

Province of Residence on Date of Separation: \_\_\_\_\_

---

**Authorization:**

Completion of this form authorizes TRAF to proceed with the calculation of the member's pension benefit credit, or if the member's pension has already commenced, the member's monthly pension earned during the relationship. On completion of this calculation, TRAF will notify all parties.

---

Member Signature

---

Date (m/d/y)

---

Signature of Witness

---

Former Spouse/Partner Signature

---

Date (m/d/y)

---

Signature of Witness