



Service Purchase Application

TEACHERS' RETIREMENT ALLOWANCES FUND

Please print clearly.

Completing this form allows TRAF to calculate a cost for 5-Year Conversion, Refunded Service or Educational Leave. It does not obligate you to make payments. You can access our website at traf.mb.ca for additional copies, if required.

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	PSP Number

Email Address		

Member Authorization: I request a cost calculation for:

- 5-Year Conversion
- Educational Leave (include copy of transcripts)
- Refunded Service

_____	_____
Member Signature	Date (m/d/y)

To be completed by Division Payroll Office:

For Educational Leave and Refunded Service:

_____	_____	_____
Full-time Current Salary Rate	Contract Year	Part-time Rate (%)

For Educational Leave Only:

From: _____	To: _____
Date (m/d/y)	Date (m/d/y)

Returned to teach: _____	Salary upon returning to teach: _____
Date (m/d/y)	

Division Authorization:

On behalf of School District/Division _____,
I verify this information is correct.

Signature

Date (m/d/y)

Position

Phone