

## 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 your myPENSION portal 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

LAST NAME	FIRST NAME		MIDDLE INITIAL	
SOCIAL INSURANCE NUMBER	HOME MAILING ADDRE			
GENDER				
DATE OF BIRTH	PHONE NUMBER	HONE NUMBER		
MARITAL STATUS	PERSONAL EMAIL ADDRESS			
Section II – RETIREMENT DATE  Please provide the month, day and year. Ret beginning the following month.  RETIREMENT DATE (MM/DD/YY)  Section III – SPOUSE INFORMATION	iirement date is typica	illy the end of a mo	onth with the pension	
SPOUSE'S LAST NAME	FIRST NAME		MIDDLE INITIAL	
SOCIAL INSURANCE NUMBER	DATE OF BIRTH			
Section IV – AUTHORIZATION				
APPLICANT SIGNATURE		DATE SIGNED		