

## 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 ADDR	ESS	
GENDER			
DATE OF BIRTH	PHONE NUMBER		
MARITAL STATUS	PERSONAL EMAIL ADDRE		
Section II – RETIREMENT DATE			
Please provide the month, day and year. Rebeginning the following month.	etirement date is typica	lly the end of a m	onth with the pension
RETIREMENT DATE (MM/DD/YY)			
Section III - SPOUSE INFORMATION			
SPOUSE'S LAST NAME	FIRST NAME	FIRST NAME	
SOCIAL INSURANCE NUMBER	DATE OF BIRTH	DATE OF BIRTH	
Section IV – AUTHORIZATION			
APPLICANT SIGNATURE		DATE SIGNED	