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Part I – To be completed by Member of the Saskatchewan Teachers' Retirement Plan

STRP Member Name:	Former Employer:
Address of STRP Member:	Address of Former Employer:
Phone Number of STRP Member:	
SIN of STRP Member:	Phone Number: _____ Fax Number: _____
<p>Member Authorization and Certification: I am currently contributing to the Saskatchewan Teachers' Retirement Plan and have ceased to be a member of my former pension plan, as noted on this form. I am applying to buy outside service by verifying my pensionable service with my former employer. I authorize for release to the Saskatchewan Teachers' Retirement Plan information requested by this form from my former employer and pension plan administrator.</p> <p>Signature: _____ Date: _____</p>	

Part II – To be completed by Former Employer

(Forward this form to the Pension Plan Administrator if pension records are not held in your office.)

- Type of Employment Contract: Full Time Part Time (specify %) _____
- Was it a Kindergarten to Grade 12 school system? No Yes
- Was it a requirement of the position that a valid teacher's certificate be held? No Yes
- Was it a SUNTEP Program? (Sask Urban Native Teacher Education Program) No Yes Location: _____
- If the school is a Private school located in Saskatchewan, was it subject to:
The School Attendance Act, The Education Act and The School Grants Act? No Yes Not Applicable

Did the employee contribute to a Registered Pension Plan? (Y/N)	*School Year Beginning Date (DD/MMM/YYYY)	*School Year End Date (DD/MMM/YYYY)	# of days taught	# of days in school year	Class on Provincial Salary Grid	Years of teaching experience

*Please use a separate line for each school year; attach a separate sheet if more lines are required.

Authorization of Employer/Pension Plan Administrator

I certify the above pensionable salary and service information is accurate.	
Name of Representative _____ (please print)	Phone: _____
Signature: _____	Date: _____

Part III – To be completed by Pension Plan Administrator

If Yes was indicated on page one in column one, please provide the following information.

Name of the Plan Administrator: _____

Jurisdiction of Plan Registration: Federal Provincial (please specify) _____

Registered Plan Number: _____

Address of Plan Administrator: _____

Phone Number of Plan Administrator: _____

Type of plan: Defined Benefit Plan Money Purchase Plan

Is the employee entitled to receive a pension benefit in respect of the above service? No Yes

Is the total benefit locked in? No Yes

Did the employee receive a return of pension contributions on leaving the pension plan? No Yes

If so, date payment issued: _____

Authorization of Pension Plan Administrator

I certify the above information is accurate.

Name of Representative _____ (please print) Phone: _____

Signature: _____ Date: _____

Personal information is collected on this form for the purpose of administering the pension plan