

APPLICATION FOR REFUND OF CONTRIBUTIONS

RECORD OF TEACHING SERVICE

<u>SCHOOL</u>	<u>BOARD/DISTRICT</u>	<u>SCHOOL YEAR</u>	<u>PERIOD OF SERVICE</u>

I hereby certify that my "Contract for Teachers" with a District or School Board in Prince Edward Island has been terminated and I hereby make application for a refund of my contributions to the P.E.I. Teachers' Superannuation Fund.

NOTE 1: Teachers transferring to another province are advised to contact the Secretary of the Teachers' Superannuation Commission regarding the possibility of an interprovincial transfer of contributions.

FOR OFFICE USE ONLY
 Warrant # _____
 Date Prepared _____
 Date Refund _____
 Cheque Mailed _____

SIGNATURE OF TEACHER

 Social Insurance Number

 Address

 Date