

# Teachers' Superannuation Fund Annual Pension Statement Correction Form

Member Name: \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Statement for the period: \_\_\_\_\_

Member E-mail: \_\_\_\_\_ Member Telephone #: \_\_\_\_\_

If there is information regarding your pension account that you wish to have corrected or investigated, please enter the information below as you believe it should be.

## INFORMATION TO BE CORRECTED:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth (dd-mmm-yyyy): \_\_\_\_\_

***Please Note: the above corrections should also be provided to your payroll administrator***

## INFORMATION TO BE INVESTIGATED:

Membership Date (dd-mmm-yyyy): \_\_\_\_\_

Credited Years of Service: \_\_\_\_\_

Average Pensionable Salary: \_\_\_\_\_

Comments: \_\_\_\_\_

**This form must be returned using ONE of the following:**

### MAIL

Department of Finance  
Pensions and Benefits  
P.O. Box 2000  
Charlottetown PE C1A 7N8

### FAX

(902) 620-3096

### E-MAIL

tsf@gov.pe.ca

If this form was completed by someone other than the employee, please provide the following:

\_\_\_\_\_  
(Name - Please Print)

\_\_\_\_\_  
(Phone Number)