



TERMINATION OPTIONS REQUEST

Please return this completed form to: Saskatchewan Teachers' Retirement Plan
 2317 Arlington Avenue, Saskatoon SK S7J 2H8
 Fax: 306-955-1157
 Email: strp@stf.sk.ca

| | | | | |
|------------------------------|-------------------------------------|-----------------------|----------------------|--|
| Plan Member's Name | Initial | Last Name | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Mailing Address | City/Town | Province | Postal Code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Teacher's Certificate Number | Date of Birth | Work Telephone Number | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | (Day/Month/Year, e.g., 31 JAN 2000) | | | |
| Home Telephone Number | | | | |
| <input type="text"/> | | | | |

I ceased teaching in Saskatchewan and I am interested in receiving a statement of my termination options.

My last teaching day in Saskatchewan was

(Day/Month/Year, e.g., 31 JAN 2019)

Additional information:

| | |
|----------------------|-------------------------------------|
| Member's Signature | Date |
| <input type="text"/> | <input type="text"/> |
| | (Day/Month/Year, e.g., 31 JAN 2000) |