

Teachers' Superannuation Fund  
Correction Form for Annual Benefit Statement

**Employee Name:** \_\_\_\_\_

**Social Insurance Number:** \_\_\_\_\_

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

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-yy): \_\_\_\_\_

**Please note: if changing date of birth, you must provide proof of age (copy of birth certificate, baptism certificate or driver's license).**

**Information to be investigated:**

Date of Employment (dd-mmm-yy): \_\_\_\_\_

Date of Membership (dd-mmm-yy): \_\_\_\_\_

Pensionable Service: \_\_\_\_\_

Explanation of why you believe the information on your statement is not correct:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form should be returned to: Finance and Municipal Affairs  
Pensions and Benefits  
3<sup>rd</sup> floor, Sullivan Building  
PO Box 2000  
Charlottetown PE C1A 7N8**

If this form was completed by someone other than the employee, please provide name and contact number

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

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