



OPSEU Pension Trust

Fiducie du régime de retraite du SEFPO

Mail to: 1 Adelaide Street East, Suite 1200 Toronto, Ontario M5C 3A7

Tel: (416) 681-6100 Fax: (416) 681-6175 Toll Free 1-800-637-0024 www.optrust.com

Personal Information Change Request

1. Your identification (This section must be completed for all requested changes.)
Last name, First name, Initials, Social Insurance Number, Date of birth (DD/MM/YYYY), Home telephone number

2. Change home address to:
Number and street name, Apt. no., City/Town, Province, Postal Code, Effective date (DD/MM/YYYY)

3. Change banking information to:
Yes, I would like to change my banking information - enclosed is a cheque marked "VOID".
If you do not have a VOID cheque, please complete the information below to ensure your OPTrust pension payment is deposited to your account.
Name of Bank or Financial Institution, Branch address, Telephone number, City/Town, Province, Postal Code, Account number, Transit number, Bank number

4. Additional income tax deduction (This request will remain in effect until you write to request a further change.)
Use this section to increase the amount of income tax deducted from your monthly OPTrust pension payment.
I hereby request the amount of income tax deducted from each monthly OPTrust payment (check one):
is set at \$_____ each month* OR is increased by \$_____ each month
*Please be advised we cannot reduce the withholding tax below the amount that we are required by law to withhold.

I hereby declare that the information I have provided is true and accurate. I authorize the use of this information by the OPSEU Pension Trust for the administration of the OPSEU Pension Plan. This form must be signed and dated before we can accept and process your changes. Please keep a copy of this form for your records.

Name (Please Print) Signature Date of Signature (DD/MM/YYYY)