OPTrust

OPSEU Pension Trust | Fiducie du régime de retraite du SEFPO

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Termination of Membership - Application For Entitlement

Clear Form | Print

1. Personal Information

☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.

Member's Last Name | First Name | Initials

Social Insurance Number ___ — ___ — ___

Home Address: No. and Street | Apt. No.

Home Telephone Number ( ) ___

City/Town | Province: ON | Postal Code

Business Telephone Number ( ) ___

Marital Status: ☐ Single ☐ Married ☐ Common-law ☐ Separated ☐ Divorced ☐ Widowed

I am terminating my membership in the OPSEU Pension Plan effective: ___ / ___ / ___ (YYYY/MM/DD)

Reason for Application: ☐ Immediate Pension ☐ Termination of Membership - non-vested ☐ Divestment
☐ Disability Pension ☐ Termination of Membership - vested ☐ Transfer ___ (to Plan)

Additional Credit: I have a purchase of credit application in process and I elect to:

☐ Upon notice of the balance due, make a final lump sum payment.

☐ Make no further payments and receive credit in proportion to the payment(s) made.

I have a purchase of credit application which has not been processed:

☐ Please advise of the cost. If I elect to pay, a lump sum payment by cheque will be made.

☐ I am no longer interested in pursuing the purchase of credit application.

2. Application for Refund - To be completed by Non-Vested Members

☐ I am aware that the only entitlement payable to me from the OPSEU Pension Plan is a refund of contributions plus interest. I elect to have the refund processed as follows:

☐ payment (less withholding tax) sent to my home address.

☐ payment sent to my RRSP according to the T2151 form attached.

☐ notify me of the refund amount in order to elect form of payment.

I, the undersigned, confirm that the information under sections 1 and 2 is complete and accurate.

Member's Signature:_____ Date:_____ (YYYY/MM/DD)

3. Employment Information - To be completed by the Employer

Plan Membership Date ___ / ___ / ___ (YYYY/MM/DD) Termination of Employment Date ___ / ___ / ___ (YYYY/MM/DD)

Date of last change to Salary Rate: ___ / ___ / ___ (YYYY/MM/DD) Final Salary Rate: $ ___

Is the member currently on a leave of absence for which contributions have not been made? ☐ Yes ☐ No

If Yes, please indicate: From: ___ / ___ / ___ (YYYY/MM/DD) To: ___ / ___ / ___ (YYYY/MM/DD)

Employer: _____

Employer Official's Name _____ Telephone No. ( ) ___ ___

I, the undersigned, confirm that the above information is complete and accurate.

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Employer Official's Signature _____ Date:_____ (YYYY/MM/DD)

Personal information is collected on this form under the authority of Article 14.1 of the Ontario Public Service Employee's Union Pension Plan. It will be used to determine eligibility for benefits and to document/process pension payments.

Keep a copy of this form for your records.