

1. Your Identification

The member must complete all fields in Part 1, including "marital status." Marital status is important because the Plan provides a survivor pension to an eligible spouse.

2. Your Benefit Recipients

The member should complete all applicable sections. An eligible spouse automatically receives most survivor benefits. The member should complete the check boxes at the right to indicate: 1) whether the eligible spouse is to receive any remaining benefits that may be payable, and 2) what benefits should be payable to eligible children and/or other benefit recipients.

For beneficiaries other than the eligible spouse, the member must check both "commuted value to designated beneficiary" and "refunds to any other benefit recipients" to ensure that the identified beneficiaries receive both amounts, if eligible.

Note: Key definitions and a description of the Plan's survivor benefits and how they are paid are provided on the back of the form.

3. Your Declaration

The member must sign and date the form for the declaration to be legal.

Note: Members may also complete, review and/or update their beneficiary information online through the secure Online Services section of the OPTrust Web site (www.optrust.com)



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Identifying Benefit Recipients

Please read definitions and explanations on the reverse before completing this form.
IMPORTANT! THIS FORM CANCELS ALL PREVIOUS DESIGNATIONS. YOU MUST RE-LIST ALL YOUR BENEFIT RECIPIENTS ON THIS FORM.

It is important to complete this form at enrolment. During membership or at termination or after a divestment, complete this form to advise us of any change. To submit this information online, use OPTrust Online Services at www.optrust.com.

1 Your Identification

Social Insurance Number: 123-456-789 Date of birth (DD/MM/YYYY): 01 / 01 / 1961 E-mail address: jane.doe@ministry.gov.on.ca

Last name: Doe First name and initial: Jane Home telephone number: (416) 123-4567 Business telephone number: (416) 987-6543

Home address: number and street: 123 Any Street Apt. no.: City/Town: Anyville Province: ON Postal code: X0X 0X0

Marital status (check one):
 Married Common-law Separated Divorced Widowed Single

Check the if this is the first time you are completing this form or if this is a change to your marital status, please attach a copy of your marriage certificate or a Statement of Spousal Relationship form (OPTrust3007)

2 Your Benefit Recipients

If space on this form is insufficient, please attach a separate sheet and check here

Please see definitions on reverse. Indicate your designations by placing check marks in the red boxes under the "Types of Survivor Benefits" section. If more than one individual is identified for one type of survivor benefit, the entitlements will be distributed equally among them.

				Types of Survivor Benefits	
				Committed Value to Designated Beneficiary	Refunds to any other Benefit Recipients
Eligible Spouse (common-law or married) Your eligible spouse automatically receives most survivor benefits. Please check the refund recipient box, if you want your spouse to receive any remaining benefits.					
Last name	First name and initial	SIN	Date of birth (DD/MM/YYYY)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Doe	John	987-654-321	12 / 12 / 1951	N/A	
Common-law Partner of Less than 3 Years and No Children					
Last name	First name and initial	SIN	Date of birth (DD/MM/YYYY)	<input type="checkbox"/>	<input type="checkbox"/>
Date of marriage or start of common-law relationship (DD/MM/YYYY): 31 / 07 / 1990					
Eligible Children (under 18 or over 18 if in full-time school). Your eligible children automatically receive some survivor benefits if you have no eligible spouse. Please check all boxes if you want your children to receive all remaining benefits.					
1. Last name	First name and initial	SIN	Date of birth (DD/MM/YYYY)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doe	Mary		02 / 02 / 1994		
2. Last name	First name and initial	SIN	Date of birth (DD/MM/YYYY)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3. Last name	First name and initial	SIN	Date of birth (DD/MM/YYYY)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4. Last name	First name and initial	SIN	Date of birth (DD/MM/YYYY)	<input type="checkbox"/>	<input type="checkbox"/>
Other Benefit Recipients (Name of person/organization/child over 18 and not in school full-time)					
1. Last name	First name and initial	SIN	Date of birth (DD/MM/YYYY)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doe	Mary		02 / 02 / 1994		
2. Last name	First name and initial	SIN	Date of birth (DD/MM/YYYY)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

3 Your Declaration

I hereby declare that the information I have provided above 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 it.

Jane Doe
Member Signature

09 / 02 / 2003
Date of Signature (DD/MM/YYYY)

OPTRUST1015 (01/04)

Keep a copy of this form for your records.