

PERSONAL INFORMATION

Last Name		First Name and Initials		OPTrust ID Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
E-mail Address		Home Telephone Number		Business Telephone Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Home Address: Number and Street					Apt. No.
<input type="text"/>					<input type="text"/>
City/Town		Province		Postal Code	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Marital Status					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					

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 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.

REQUIRED DOCUMENTS AND SIGNATURE

Please attach the following documents with your completed form (if applicable):

- | | |
|---|--|
| <input type="checkbox"/> <i>Statement of Spousal Relationship</i> form (OPTrust 3007). | <input type="checkbox"/> A copy of your eligible spouse's proof of birth. |
| <input type="checkbox"/> If married, a copy of your marriage certificate. | <input type="checkbox"/> If separated or divorced during membership, a copy of Separation Agreement, Court Order or Minutes of Settlement. |
| <input type="checkbox"/> or | |
| <input type="checkbox"/> If common-law, proof of your relationship (please see <i>Spousal Relationship Information Sheet</i>). | |

I, the undersigned, confirm that the above information is complete and accurate, and I have attached the required documents.

Member's Signature	Date (DD/MM/YYYY)
<input type="text" value="x Sign Here"/>	<input type="text" value="D D M M Y Y Y Y"/>

EMPLOYMENT INFORMATION – TO BE COMPLETED BY THE EMPLOYER

Divestment date: (DD/MM/YYYY)	Date of last change to salary rate:	Final salary rate:
<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text"/>
Is member on a leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No Will member's divestment date be based on the date of his/her return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please enter start date and end date and indicate type:	From: (DD/MM/YYYY)	To: (DD/MM/YYYY)
<input type="text"/>	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>
Employer	Type of leave of absence:	
<input type="text"/>	<input type="text"/>	
Employer Official's Name (Please print)	Telephone Number	
<input type="text"/>	<input type="text"/>	

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

Employer Official's Signature	Date (DD/MM/YYYY)
<input type="text" value="x Sign Here"/>	<input type="text" value="D D M M Y Y Y Y"/>

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.