

# Employer Termination/ Divestment Checklist

**OPSEU Pension Trust** 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7  
Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Fax: 416-681-6175

## PERSONAL INFORMATION

Last Name

First Name and Initials

OPTrust ID Number

Employee WIN Number

## DOCUMENTS REQUIRED

### 1. Termination with less than 2 years of credit and continuous membership

	Attached	Comments
Termination of Membership – Application for Entitlement form (OPTrust 1012)	<input type="checkbox"/>	
Member's proof of birth (age 65 or older)	<input type="checkbox"/>	

### 2. Termination with 2 or more years of credit or continuous membership

	Attached	Comments
Termination of Membership – Application for Entitlement form (OPTrust 1012)	<input type="checkbox"/>	
Non-IPPEBS Paid Member's Contributions form (OPTrust 1013) – ABC members only	<input type="checkbox"/>	
Employment Information form (OPTrust 1035) – unclassified/seasonal members only	<input type="checkbox"/>	
Member's proof of age	<input type="checkbox"/>	

#### • If member has a spouse:

Spouse's proof of age	<input type="checkbox"/>	
Statement of Spousal Relationship form (OPTrust 3007)	<input type="checkbox"/>	
Proof of marriage <b>OR</b> proof of common-law relationship – three supporting documents required (refer to Information Sheet)	<input type="checkbox"/>	
Pension Beneficiaries form (OPTrust 1015) – optional	<input type="checkbox"/>	

#### • If member has no spouse but has an eligible child:

Proof of birth of youngest eligible child	<input type="checkbox"/>	
Pension Beneficiaries form (OPTrust 1015) – optional	<input type="checkbox"/>	

#### • If member has no spouse and no eligible child:

Pension Beneficiaries form (OPTrust 1015) – optional	<input type="checkbox"/>	
--	--------------------------	--

Employer

Date (DD/MM/YYYY)

Employer Official's Name (please print)

Telephone Number

E-mail Address

Fax Number