



OPSEU Pension Trust  
Fiducie du régime de  
retraite du SEFPO


1 Adelaide Street East  
Suite 1200  
Toronto ON M5C 3A7

## Declaration of Attendance at School or University

Instructions: Sections 1 and 2 to be completed by the Student.  
Section 3 to be completed by the School/University.

|   |  |  |            |          |    |          |               |                         |     |     |
|---|--|--|------------|----------|----|----------|---------------|-------------------------|-----|-----|
| 1. Personal and Enrollment Information  |  |  |            |          |    |          |               |                         |     |     |
| Student's Last Name   |  |  | First Name |          |    | Initials |               | Social Insurance Number |     | — — |
| Home Address: No. and Street  |  |  |            |          |    | Apt. No. |               | Home Telephone No.      |     | ( ) |
| City/Town   |  |  |            | Province |    |          |               | Postal Code             |     |     |
| I am presently enrolled as a full-time student for the academic year:   |  |  | YYYY       | MM       | DD | To       | YYYY          | MM                      | DD  |     |
| Name of School/University   |  |  |            |          |    |          | Telephone No. |                         | ( ) |     |
| Mailing Address: No. and Street   |  |  |            |          |    |          |               |                         |     |     |
| City/Town   |  |  |            | Province |    |          |               | Postal Code             |     |     |
| If you are now attending a post-secondary educational institution, please indicate the date of your final attendance at a secondary school. |  |  |            |          |    | YYYY     |               | MM                      | DD  |     |

|   |            |
|---|------------|
| 2. Student's Declaration  |            |
| I hereby declare that to the best of my knowledge and belief, the information given above is true and complete and I undertake to notify the OPSEU Pension Trust should I terminate attendance at school or university for any reason. I hereby authorize the above named school or university to provide the OPSEU Pension Trust with any information regarding my attendance. |            |
| Student's Signature _____   | Date _____ |

|  |       |   |
|--|-------|---|
| 3. School/University Authorization   |       |   |
| To the best of our knowledge and belief, the information provided by the student is correct unless otherwise stated below: |       |   |
|  |       |   |
|  |       | Place Seal Here  |
| Signature of Authorized Official   | Title | Date  |