

Personal and Enrollment Information

The eligible child must complete all personal information in order for OPTrust to contact the eligible child for payment of the survivor pension. The name of the school/university must be provided in case OPTrust needs to contact the school/university for further information for determining payment of beneficiaries. The date of death sets the time for which entitlements are payable to beneficiaries.

Student's Declaration

The student must sign the form declaring that the information is true and complete.

School/University Authorization

Because the payment of the survivor pension is contingent upon the eligible child being in attendance in school/university the school/university's official seal and signature of an authorized official is required.



PSEU Pension Trust Fiduicic du régime de retraite du SEFPC

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 <i>Smith</i>	First Name <i>Joseph</i>	Initials	Social Insurance Number <i>123 - 123 - 321</i>
Home Address: No. and Street <i>100 Main Street</i>		Apt. No.	Home Telephone No. <i>(416) 123 4567</i>
City/Town <i>Anyville</i>	Province <i>ON</i>	Postal Code <i>X0X 0X0</i>	
I am presently enrolled as a full-time student for the academic year:	YYYY <i>2005</i>	MM <i>01</i>	DD <i>12</i>
	To	YYYY <i>2005</i>	MM <i>06</i>
Name of School/University <i>Sir John A. MacDonald Secondary School</i>		Telephone No. <i>(416) 321 4567</i>	
Mailing Address: No. and Street <i>2 Main Street</i>			
City/Town <i>Anyville</i>	Province <i>ON</i>	Postal Code <i>X0X 0X0</i>	
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.	
<i>J. Smith</i> Student's Signature	<i>Jan 12, 2005</i> 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 <i>S. Official</i>	Title <i>Head of Student Services</i>	Date <i>Jan 15, 2005</i>