



OPSEU Pension Trust

Fiducie du régime de retraite du SEFPO

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Toronto, Ontario M5C 3A7
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Fax: 416-681-6175
www.optrust.com

Membership Enrolment

1. Personal Information
Form with fields for: Mr./Mrs./Ms./Miss/Other, Member's Last Name, First Name, Initials, Social Insurance Number, Marital Status, Former Last Name, Date of Birth, Home Address, Apt. No., Home Telephone No., City/Town, Province, Postal Code, Business Telephone No., Work E-mail address, Home E-mail address.

Please complete an Identifying Benefit Recipients form (OPTRUST1015) obtained from your Human Resources Branch.

Please indicate if the OPTRUST1015 is: [] Attached [] To follow

2. Employment Information
Form with fields for: Employment Type (Full-time, Part-time, Seasonal, Unclassified), Ministry, Agency, Board, Commission, Former Member, Plan Membership Date, Continuous Employment Date.

NOTE: If you have past eligible service with the Ontario Public Service or another employer and you wish to purchase or transfer this past eligible service, please complete an Application for Past Service Credit form (OPTRUST1036) obtained from your Human Resources Branch or the OPSEU Pension Trust.

Please indicate if the OPTRUST1036 is: [] Attached [] To follow [] Not applicable

3. Signatures
Form with fields for: Member's Signature, Date, Ontario Shared Services/ABC Official's Signature, Date, Business Telephone No.

I consent to the collection and use by the OPSEU Pension Trust (OPTrust) of all the information (the "Information and Documentation") in this form, including all attachments and related documents that may be requested in conjunction with this form.

Further information about OPTrust policies and procedures about the collection, use and disclosure of personal information can be found on the OPTrust website at www.optrust.com.