

Deceased Member Information

The employer must complete all areas of Part 1. The marital status is important information for determining payment of beneficiaries. The date of death sets the time for which entitlements are payable to beneficiaries.

Application Information

The application information must be completed so that OPTrust may contact any survivors that may be eligible for pension entitlements as beneficiaries of the deceased member.

Employment Information

The employer is required to complete Part 3 in full and sign the bottom of the form.



Mail to:
1 Adelaide Street E., Suite 1200
Toronto, Ontario M5C 3A7
Tel: (416) 681-6100 Fax: (416) 681-6175
Toll free: 1-800-637-0024 www.optrust.com

OPSEU Pension Trust Fiducie du régime de retraite du SEFFO

Notification of Death of Plan Member

1. Deceased Member Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	Member's Last Name	First Name	Initials	Social Insurance Number
<input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Doe	Jane		123-456-789
Marital Status:	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Common-law	YYYY MM DD
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	Date of Death 2005 06 30

2. Application Information

ELIGIBLE SPOUSE (IF APPLICABLE) OR OTHER (IF APPLICABLE) IF OTHER, PLEASE INDICATE RELATIONSHIP TO DECEASED

<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Miss	Last Name	First Name	Initials	Social Insurance Number
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Doe	John		987-654-321
Home Address: No. and Street			Apt. No.	Home Telephone Number
123 Any Street				(416) 123 4567
City/Town	Province	Postal Code	Business Telephone Number	
Anynville	ON	XOX OXO	(416) 876 5432	

ELIGIBLE CHILD(REN) (IF APPLICABLE) CHECK HERE IF INSUFFICIENT SPACE BELOW AND ATTACH A SEPARATE SHEET

	Last Name	First Name	Initials	Social Insurance Number	Date of Birth
1.	Doe	Mary		—	02 Feb 1994
2.				—	—
3.				—	—

Name of Custodial Guardian: John Doe

Home Address: No. and Street	Apt. No.	Home Telephone Number
		() ()
City/Town	Province	Postal Code
		Business Telephone Number
		() ()

Name of person who provided the above information, if not the applicant: _____
Relationship to Deceased: _____ Telephone No. () _____

3. Employment Information

Plan Membership Date 2003/09/01 (Y M D) Continuous Employment Date 2001/05/01 (Y M D)
Date of last change to Salary Rate: 2004/06/30 (Y M D) Final Salary Rate: \$ 44,300.00
Were there any leaves of absence for which contributions were not made? Yes No
If Yes, please indicate From: _____ (Y M D) To: _____ (Y M D)
From: _____ (Y M D) To: _____ (Y M D)
Employer: A. Employer
Please attach a copy of a completed Employer Pre-Retirement Death Checklist (OPTRUST1062).

The above information was provided by _____
Employer Official's Name A. Employer Telephone No. (416) 765-4321
I, the undersigned, confirm that the above information is accurate.
Employer Official's Signature A. Employer Date: Aug 3/05

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. Questions about the collection should be directed to the Director, Member and Pensioner Services.

OPTRUST1063 (08/03) **Keep a copy of this form for your records**