

### Personal Information

The employer / member must complete all sections of Part 1 including "marital status." Marital status is important because pension entitlements (commuted value calculations, as well as survivor benefits) may be dependent on whether or not there is an eligible spouse.

### Application for Refund

This section applies to non-vested members only, and is intended to expedite the payment of the member's contribution refund. By completing this section, the member is authorizing the refund to be paid in cash, or transferred to his/her RRSP. If this section is not completed, or if the member chooses the third option, OPTrust will send notification of the refund amount and provide an election form at that time.

### Member's Signature

The member's signature authorizes OPTrust to issue the refund according to the payment method selected.

### Employment Information

The employer is required to complete this section in full.

### Employer's Signature

The employer's signature is required before OPTrust can process the member termination. The signature confirms that the information provided on the form is complete and accurate.



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## Termination of Membership - Application For Entitlement

<b>1. Personal Information</b>			
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Member's Last Name <b>Doe</b>	First Name <b>Jane</b>	Initials <b></b>
Home Address: No. and Street <b>123 Any Street</b>		Apt. No. <b></b>	Social Insurance Number <b>123-456-789</b>
City/Town <b>Anyville</b>	Province <b>ON</b>	Postal Code <b>X0X 0X0</b>	Home Telephone Number <b>(416) 123-4567</b>
Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Business Telephone Number <b>(416) 987-6543</b>	
I am terminating my membership in the OPSEU Pension Plan effective: <b>2004/06/30</b> (YYYY/MM/DD)			
Reason for Application: <input type="checkbox"/> Immediate Pension <input checked="" type="checkbox"/> Termination of Membership - non-vested <input type="checkbox"/> Divestment <input type="checkbox"/> Disability Pension <input type="checkbox"/> Termination of Membership - vested <input type="checkbox"/> Transfer (to Plan)			
Additional Credit: I have a purchase of credit application in process and I elect to: <input type="checkbox"/> Upon notice of the balance due, make a final lump sum payment. <input type="checkbox"/> Make no further payments and receive credit in proportion to the payment(s) made. I have a purchase of credit application which has not been processed: <input type="checkbox"/> Please advise of the cost. If I elect to pay, a lump sum payment by cheque will be made. <input type="checkbox"/> I am no longer interested in pursuing the purchase of credit application.			
<b>2. Application for Refund - To be completed by Non-Vested Members</b>			
<input checked="" type="checkbox"/> I am aware that the only entitlement payable to me from the OPSEU Pension Plan is a refund of contributions plus interest. I elect to have the refund processed as follows: <input type="checkbox"/> payment (less withholding tax) sent to my home address. <input checked="" type="checkbox"/> payment sent to my RRSP according to the T2151 form attached. <input type="checkbox"/> notify me of the refund amount in order to elect form of payment.			
I, the undersigned, confirm that the information under sections 1 and 2 is complete and accurate.			
Member's Signature: <b>Jane Doe</b>		Date: <b>2004/06/30</b> (YYYY/MM/DD)	
<b>3. Employment Information - To be completed by the Employer</b>			
Plan Membership Date <b>2003/09/01</b> (YYYY/MM/DD)		Termination of Employment Date <b>2004/06/30</b> (YYYY/MM/DD)	
Date of last change to Salary Rate: <b>2004/01/01</b> (YYYY/MM/DD)		Final Salary Rate: \$ <b>42,500.00</b>	
Is the member currently on a leave of absence for which contributions have not been made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please indicate: From: _____ (YYYY/MM/DD) To: _____ (YYYY/MM/DD)			
Employer: <b>Your Employer</b>			
Employer Official's Name <b>A. Employer</b>		Telephone No. <b>(416) 765-4321</b>	
I, the undersigned, confirm that the above information is complete and accurate.			
Employer Official's Signature <b>A. Employer</b>		Date: <b>2004/06/30</b> (YYYY/MM/DD)	

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.

OPTRUST1012 (09/04)

Keep a copy of this form for your records.

