



Transfer Type

The employer must complete the OPTrust 1040 form with the member for all mandatory transfers (transfers with no break in service) between the OPSEU Pension Plan and the Public Service Pension Plan (PSPP). The employer must indicate whether the member is terminating membership in OPTrust and transferring to the Ontario Pension Board (OPB), or terminating membership in the OPB and transferring to OPTrust.



Personal Information

The member must complete all sections of Part 1.



Previous Employment/ Transfer Information

The employer must complete all sections of Part 2, including the member's "plan membership date," "termination date" and information on the final salary rate. OPTrust requires this information about the member's pre-transfer employment – either in the OPSEU Pension Plan or the PSPP – to process the transfer. The annual salary information is important as this is used to calculate the transfer value.



New Employment/ Transfer Information

The "plan enrolment date" (transfer date) is the date the individual commences membership in the new pension plan (either the OPSEU Pension Plan or the PSPP). This information must be provided to confirm that a mandatory transfer is required.



Employer's Signature

The employer's signature is required before OPTrust can proceed with a transfer calculation, based on the information provided by the employer. The signature confirms that the information provided on the form is complete and accurate.



OPTrust

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

Transfer of Membership Between the OPSEU Pension Plan and the Public Service Pension Plan

This form is only for transfers within the Ontario Public Service (same employer).
 Member is terminating membership in OPTrust, and transferring to OPB.
 Member is terminating membership in OPB, and transferring to OPTrust.

1. Personal Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	Member's Last Name	First Name	Initials	Social Insurance Number
<input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms.	Doe	Jane		123-456-789
<input type="checkbox"/> Other	Home Address: No. and Street			Home Telephone No.
	123 Any Street			(416) 123-4567
City/Town	Province	Postal Code	Business Telephone No. ext.	
Anyville	ON	XOX OXO	(416) 987-6543	
Date of Birth				(YYYY/MM/DD)
1961/01/01				

2. Previous Employment/Transfer Information

Name of Ministry, Agency, Board, Commission:	Employment Type: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your Ministry	<input type="checkbox"/> Seasonal <input type="checkbox"/> Unclassified
Plan Membership Date: (YYYY/MM/DD)	Plan Termination Date: (YYYY/MM/DD)
2003/09/01	2004/06/30
Final Salary: \$42,500	Date of Last Change to Salary Rate: (YYYY/MM/DD)
	2004/01/01

3. New Employment/Transfer Information

Name of Ministry, Agency, Board, Commission:	Employment Type: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your Ministry	<input type="checkbox"/> Seasonal <input type="checkbox"/> Unclassified
Plan Enrolment Date (Transfer Date): (YYYY/MM/DD)	Starting Salary:
2004/07/01	\$44,300

4. To be completed by the Ministry/Agency/Board/Commission

Ministry/Agency/Board/Commission: Your Ministry

Official's Name (please print): A. Employer Telephone No. (416) 765-4321

I, the undersigned, confirm that the above information is complete and accurate.

Official's Signature: A. Employer Date: 2004/06/30 (YYYY/MM/DD)

5. To be completed by the Member

I, the undersigned, a current or former member with the OPSEU Pension Plan, hereby direct and authorize the OPSEU Pension Trust to exchange with the Ontario Pension Board all files, records, documents, correspondence and any other information whatsoever relating to my pension, employment or any other relevant personal information for the purpose of facilitating my transfer of pension credit to/from the OPSEU Pension Plan and/or the Public Service Pension Plan.

Member's Signature: Jane Doe Date: 2004/06/30 (YYYY/MM/DD)

Personal information collected on this form will be used to determine eligibility for benefits and to document/process pension payments.

OPTRUST1040 (05/04)

Keep a copy of this form for your records.



Member's Signature

The member's signature authorizes OPTrust to collect personal information and exchange it with the OPB in order to administer the member's transfer.