

Please contact your previous employer and/or pension plan administrator to complete Sections 2, 3 and 4.

1] PERSONAL INFORMATION

Last Name	First Name and Initials	Date of Birth (DD/MM/YYYY)	OPTrust ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Home Telephone Number	Business Telephone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Address: Number and Street			Apt. No.
<input type="text"/>			<input type="text"/>
City/Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2] EMPLOYMENT INFORMATION

This section is to be completed by the previous pension plan administrator or the employer where the service was accrued.

Name of Previous Pension Plan:

Type of pension plan:
 Defined Contribution
 Defined Benefit
 Other (if other, skip to section 4)

Canada Revenue Agency Registration Number	Pension Benefits Act Registration Number	Employer Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Hire: (DD/MM/YYYY)	Date of Enrolment: (DD/MM/YYYY)	Date of Termination: (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the employee still entitled to a benefit from the plan?
 Yes
 No

If no, please complete the following information:

Type of Benefit Paid (i.e. Commuted value, excess contributions, contributions plus interest)	Amount Paid
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Was a pension adjustment reversal (PAR) calculated?
 Yes
 No

If yes, what was reported? Please also include any negative PAR amount:
 \$

3] SERVICE AND EARNINGS

Total pension service for entire pension plan membership:

Please complete the chart below for each year the employee earned service in the pension plan AFTER 1989.

Year	Pension Service (Months)	Contributory Earnings	Pension Adjustment Reported	Year	Pension Service (Months)	Contributory Earnings	Pension Adjustment Reported
Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Y Y Y Y	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Did the member have any non-contributory leaves of absences or any periods of non-full time employment? Yes No

If yes, please complete the following:

Non-Contributory Leaves of Absence		Periods of Non-Full Time Employment		Percentage of Full Time
Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	
D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	% <input type="text"/>
D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	% <input type="text"/>
D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	% <input type="text"/>
D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	% <input type="text"/>

4] EMPLOYER AUTHORIZATION

Contact Name (please print) Telephone Number

E-mail Address Fax Number

Signature Date (DD/MM/YYYY)

Sign Here