

PERSONAL INFORMATION

Last Name	First Name and Initials	OPTrust ID Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email Address	Home Telephone Number	Business Telephone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Address: Number and Street		Apt. No.
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
City/Town	Province	Postal Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Additional Pension Service:
I have a buyback application in process and I elect to:

- Upon notice of the balance due, make a final lump sum payment.
- Make no further payments and receive pension service in proportion to the payment(s) made.

I have a buyback application which has not been processed:

- Please advise of cost. If I elect to pay, a lump sum payment by cheque will be made.
- I am no longer interested in pursuing the buyback application.

REQUIRED DOCUMENTS AND SIGNATURE

Please attach the following documents with your completed form (if applicable):

- Statement of Marital Status* form (OPTrust 3007).
- A copy of your eligible spouse's proof of birth.
- If married, a copy of your marriage certificate.
- If separated or divorced during membership, a copy of Separation Agreement, Court Order or Minutes of Settlement.
- or**
- If common-law, proof of your relationship (please see *Spousal Relationship Information Sheet*).

I, the undersigned, confirm that the above information is complete and accurate, and I have attached the required documents.

Member's Signature	Date (DD/MM/YYYY)
<input style="width: 95%;" type="text" value="x Sign Here"/>	<input style="width: 95%;" type="text" value="D D M M Y Y Y Y"/>

EMPLOYMENT INFORMATION – TO BE COMPLETED BY THE EMPLOYER

Divestment date: (DD/MM/YYYY)	Date of last change to salary rate:	Final salary rate:
<input style="width: 95%;" type="text" value="D D M M Y Y Y Y"/>	<input style="width: 95%;" type="text" value="D D M M Y Y Y Y"/>	<input style="width: 95%;" type="text"/>

Is member on a leave of absence? Yes No Will member's divestment date be based on the date of his/her return to work? Yes No

Please enter start date and end date and indicate type :	From: (DD/MM/YYYY)	To: (DD/MM/YYYY)	Type of leave of absence:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="D D M M Y Y Y Y"/>	<input style="width: 95%;" type="text" value="D D M M Y Y Y Y"/>	<input style="width: 95%;" type="text"/>

Employer
<input style="width: 95%;" type="text"/>

Employer Official's Name (Please print)	Telephone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

Employer Official's Signature	Date (DD/MM/YYYY)
<input style="width: 95%;" type="text" value="x Sign Here"/>	<input style="width: 95%;" type="text" value="D D M M Y Y Y Y"/>

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.