



1 Adelaide Street East, Suite 2900
Toronto ON M5C 3A7

APPLICATION FOR INCREASED SURVIVOR PENSION

Telephone: 416-681-6100 Toll-free: 1-800-637-0024
Email: email@optrust.com Website: optrust.com

INSTRUCTIONS

If you have a spouse when your pension starts, they are automatically entitled to receive a survivor pension equal to 60% of your pension after you die. Complete this form if you are two or more years away from starting your pension and want to increase the survivor pension for your spouse from 60% to 65%, 70% or 75%.

If you elect an increased survivor pension for your spouse your pension will be permanently reduced for your lifetime, even if your spouse dies before you. You can obtain an estimate of the reduction that would be applied to your pension through your Online Services account or by contacting OPTrust. Please read all the information on this form carefully before completing it.

A – Personal Information

Last Name		First Name	
OPTrust ID or Employee Number	Email or Telephone	Date of Birth (Day-Month-Year)	
Mailing Address	City/Town	Province	Postal Code

B – Spousal Information

For pension purposes, a “spouse” is someone who you are married to or have been living with in a common-law relationship for at least three years, or for a shorter period if you are in a relationship of some permanence and are the parents of a child. For your spouse to qualify for a survivor pension, you must be living together and not be separated at the time you retire. When you retire you will be required to provide proof of your spousal relationship.

Spouse’s Last Name	Spouse’s First Name	Date of Birth (Day-Month-Year)
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C – Election and Declaration

I elect an increased survivor pension for my spouse equal to (check one box):

65% 70% 75%

I understand that I can revoke my election to provide my spouse with an increased survivor pension by notifying OPTrust in writing anytime before the month in which I receive my first pension payment but this election cannot be revoked after I start receiving my pension, even if my spouse dies before me or we separate or divorce after I retire. I also understand that if I start my pension less than two years from the date this form is signed, at the time I retire I will be required to declare in writing that I am in good health for my age before OPTrust can approve my request for an increased survivor pension.

I hereby declare that I have read the information on this form and I understand that any benefits payable to my spouse will be subject to the terms of the OPSEU Pension Plan and applicable legislation in effect at the time of my death.

Signature	Date (Day-Month-Year)
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