



1 Adelaide Street East, Suite 1200
Toronto ON M5C 3A7

STATEMENT OF MARITAL STATUS

Telephone: 416-681-6100 Toll-free: 1-800-637-0024

Email: email@optrust.com Website: optrust.com

Complete this form and return it to OPTrust if you are a member of the OPSEU Pension Plan and your spousal status has changed. You can also update your spousal information securely using Online Services at optrust.com.

A – Personal Information

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

B – Spousal Information

Under pension law, 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 a shorter period if you are in a relationship of some permanence and are the parents of a child. If you have a spouse, they are first in line for survivor benefits. For your spouse to qualify for a benefit, you must be living together and not be separated at the time a determination is being made (i.e., at date of retirement, or date of death if you die before retirement).

Please check one box below:

I do not have a spouse. I am single, separated, divorced or widowed.

My spouse and I have been married since _____ and are not separated at this time.

My spouse and I have lived with each other in a common-law relationship continuously since _____ and are not living separate and apart at this time.

My spouse and I are living together in a common-law relationship of some permanence and are the parents of a child.

Spouse’s Last Name	Spouse’s First Name	Date of Birth (Day-Month-Year)
--------------------	---------------------	--------------------------------

C – Declaration

I hereby certify that I have read the information on this form and the information I have provided above is true and accurate. I understand that any benefits payable to my spouse and/or beneficiaries 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)
-----------	-----------------------