

Termination of Membership

 OPSEU Pension Trust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7
 Telephone: 416 681-6100 Toll-free: 1 800 637-0024 Fax: 416 681-6175 **optrust.com**
MEMBER 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"/> |
| Employee/WIN Number | Email Address | Daytime Telephone Number | Evening Telephone Number |
| <input type="text"/> | <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"/> | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed | | | |

EMPLOYMENT INFORMATION – To be completed by the Employer

| | | |
|---|--|---|
| Plan Membership Date (DD/MM/YYYY) | Employment Termination Date (DD/MM/YYYY) | Date of Last Change to Salary Rate (DD/MM/YYYY) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Final Salary Rate: \$ <input type="text"/> Is the member currently on a leave of absence for which contributions have not been made? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, please indicate: From: Date (DD/MM/YYYY) To: Date (DD/MM/YYYY) Type of Leave | | |
| <input type="text"/> | | <input type="text"/> |
| Employer Official's Name/Department | Business Telephone Number | |
| <input type="text"/> | <input type="text"/> | |

I, the undersigned, confirm that the information on this form is complete and accurate.

| | |
|--|--------------------------|
| Employer Official's Signature | Date Signed (DD/MM/YYYY) |
| <input type="text" value="x Sign Here"/> | <input type="text"/> |

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.

Reason for Application

| | |
|--|---|
| <input type="checkbox"/> Immediate Pension | <input type="checkbox"/> Divestment |
| <input type="checkbox"/> Termination of Membership | <input type="checkbox"/> Disability Pension – payable only upon approval by OPTrust |

Does the member have any outstanding grievances? Yes No

If this member is transferring to the Public Service Pension Plan, please complete the *Transfer of Membership Between the OPSEU Pension Plan and the Public Service Pension Plan (OPTrust1040)*.