

Complete this form for all changes in employment which result in a change in pension plan membership between the OPSEU Pension Plan and the Public Service Pension Plan.

**IMPORTANT:** Do **not** complete this form if the change in employment is **temporary**. If the member is seconded or in an acting position, he or she must remain in the prior plan.

Member is transferring to:  OPTrust  OPB (check one)

## MEMBER INFORMATION

Last Name	First Name and Initials	OPTrust ID Number or Employee/WIN Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Date of Birth (DD/MM/YYYY)	Home Telephone Number	Business Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Home Address: Number and Street	
<input type="text"/>	<input type="text"/>	
City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Name (if applicable)	Spouse's Date of Birth (if applicable) (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	

## PRIOR EMPLOYMENT & PRIOR PLAN INFORMATION

Name of Ministry, Agency, Board, Commission

Plan Membership Date (DD/MM/YYYY)	Plan Termination Date (DD/MM/YYYY)	<b>Employment Type:</b> <input type="checkbox"/> Regular Full-time or Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Fixed term
<input type="text"/>	<input type="text"/>	
Final Salary Rate	Date of Last Change to Salary Rate (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	

## NEW EMPLOYMENT & NEW PLAN INFORMATION

Name of Ministry, Agency, Board, Commission  Same employer as previous section

Plan Membership Date (DD/MM/YYYY)	<b>Employment Type:</b> <input type="checkbox"/> Regular Full-time or Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Fixed term
<input type="text"/>	

## EMPLOYER INFORMATION

Name of Ministry, Agency, Board, Commission	Business Telephone Number
<input type="text"/>	<input type="text"/>
Official's Name (please print) <input type="text"/>	

**I, the undersigned, confirm that the above information is complete and accurate.**

Official's Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
<input type="text"/>	

Personal information collected on this form will be used to determine eligibility for benefits and to document/process pension payments.