

# Termination of Membership – Divestment

 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**
**PERSONAL INFORMATION**

<b>Last Name</b>	<b>First Name and Initials</b>	<b>OPTrust ID Number</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Email Address</b>	<b>Home Telephone Number</b>	<b>Business Telephone Number</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Home Address: Number and Street</b>		<b>Apt. No.</b>
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Marital Status</b>		
<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 <b>start date</b> and <b>end date</b> and indicate <b>type</b> :	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.