

Death of Plan Member Notification

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 www.optrust.com

1] DECEASED MEMBER INFORMATION

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	Member's Last Name	First Name and Initials	OPTrust ID Number
				<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status:						Date of Death (DD/MM/YYYY)
<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	<input type="text"/>

2] APPLICATION INFORMATION

<input type="checkbox"/> Eligible Spouse (If Applicable)	<input type="checkbox"/> Or Other (If Applicable)	If Other , Please indicate relationship to Deceased:	<input type="text"/>
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.
Last Name		First Name and Initials	
<input type="text"/>		<input type="text"/>	
Date of Birth (DD/MM/YYYY)		Home Telephone Number	
<input type="text"/>		<input type="text"/>	
Business Telephone Number			
<input type="text"/>			
Address: Number and Street		Apt. No.	City/Town
<input type="text"/>		<input type="text"/>	<input type="text"/>
		Province	Postal Code
		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Eligible Children (If Applicable)	<input type="checkbox"/> Check here if insufficient space below and attach a separate sheet.		
Last Name	First Name and Initials		Date of Birth
1. <input type="text"/>	<input type="text"/>		<input type="text"/>
2. <input type="text"/>	<input type="text"/>		<input type="text"/>
3. <input type="text"/>	<input type="text"/>		<input type="text"/>
Name of Custodial Guardian:		Home Telephone Number	Business Telephone Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address: Number and Street		Apt. No.	City/Town
<input type="text"/>		<input type="text"/>	<input type="text"/>
		Province	Postal Code
		<input type="text"/>	<input type="text"/>
Name of person who provided the above information, if not the applicant:		Relationship to Deceased:	Telephone Number:
<input type="text"/>		<input type="text"/>	<input type="text"/>

3] EMPLOYMENT INFORMATION

Plan Membership Date (DD/MM/YYYY)	Continuous Employment 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"/>	Were there any leaves of absence for which contributions were not made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please indicate:	From: Date (DD/MM/YYYY)	To: Date (DD/MM/YYYY)
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Please attach a copy of a completed **Employer Pre-Retirement Death Checklist (OPTrust 1062)**.

The above information was provided by: Employer Official's Name	Telephone Number
<input type="text"/>	<input type="text"/>

I, the undersigned, confirm that the above information is accurate.

Employer Official's Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Sign Here	