OPTrust

OPSEU Pension Trust | Fiducie du régime de retraite du SEFPO

Mail to:
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Toronto, Ontario M5C 3A7
Tel: (416) 681-6100 Fax: (416) 681-6175
Toll Free: 1-800-637-0024 www.optrust.com

Divestment of Membership from the OPSEU Pension Plan

1. Personal Information

❑ Mr. ❑ Miss ❑ Mrs. ❑ Ms. ❑ Other _____

Member's Last Name | First Name | Initials

Social Insurance Number ___ — ___ — ___

Home Telephone Number ( ) ___ ___

Home Address: No. and Street | Apt. No.

Business Telephone Number ( ) ___ ___ ext. ___

City/Town | Province

Postal Code

Date of Birth (YYYY/MM/DD)

Marital Status: ❑ Single ❑ Married ❑ Common-law ❑ Separated ❑ Divorced ❑ Widowed

2. Previous Employment Information

Clear Form | Print

Name of Ministry, Agency, Board, Commission:

Employment Type: ❑ Full Time ❑ Part Time ❑ Seasonal ❑ Unclassified

Plan Membership Date: (YYYY/MM/DD) ___ / ___ / ___

Divestment Date: (YYYY/MM/DD) ___ / ___ / ___

Final Salary:

Date of Last Change to Salary Rate: (YYYY/MM/DD) ___ / ___ / ___

3. To be completed by the Ministry/Agency/Board/Commission

Ministry/Agency/Board/Commission: _____

Official's Name (please print): _____ Telephone No. ( ) _____

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

Official's Signature: _____ Date: _____ (YYYY/MM/DD)

4. To be completed by the Member

Clear Form | Print

I consent to the collection and use by the OPSEU Pension Trust (OPTrust) of all the information ("Information and Documentation") in this form, including all attachments and related documents that may be requested in conjunction with this form. This information is collected by OPTrust solely for the purposes of determining eligibility for benefits and administering the OPSEU Pension Plan.

Member's Signature _____ Date: _____ (YYYY/MM/DD)

Further information on OPTrust policies and procedures about the collection, use and disclosure of personal information can be found on the OPTrust website at www.optrust.com

Keep a copy of this form for your records.