

Instructions:

1. Complete and submit salary information **three months** before the member's normal retirement date, together with a completed *Termination of Membership* form (OPTRUST1012).
2. Complete and submit the information as soon as possible for all other terminations of membership in the OPSEU Pension Plan.

1. Personal Information			
Member's Last Name	First Name	Initials	Social Insurance Number — — — — —
Ministry/Agency/Board/Commission			Location/Branch

Note: Show only contributions made by payroll for current year to date of termination of plan membership.

2. Pension Contributions Information				
Calendar Year	OPTrust Final Deduction \$	To Exact Date \$	OPTrust Current \$	OPTrust Arrears \$
Prepared by	Checked by	Certified by	Date	

Note: For service or responsibility allowance and special assignment pay, please indicate **type, amounts** and **effective dates**. *For regular part-time and seasonal members, please indicate equivalent weekly full-time hours.

3. Salary Information						
Effective Date			Classification	Hourly or Weekly Rate \$	Regular Weekly Full-time hours*	OPTrust Use Only
YYYY	MM	DD				

4. Authorization	
Ministry/ABC Official's Signature	Date