

1. Personal Information					
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="text"/>	Member's Last Name	First Name	Initials	Social Insurance Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
<input type="text"/>				Home Telephone Number <input type="text"/> (<input type="text"/>) <input type="text"/> <input type="text"/>	
Home Address: No. and Street				Business Telephone Number <input type="text"/> (<input type="text"/>) <input type="text"/> <input type="text"/> ext. <input type="text"/>	
Apt. No.		Postal Code		Date of Birth (YYYY/MM/DD)	
<input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	
Marital Status: <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					

2. Previous Employment Information					
Name of Ministry, Agency, Board, Commission: <input type="text"/>			Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unclassified		
Plan Membership Date: (YYYY/MM/DD) <input type="text"/> / <input type="text"/> / <input type="text"/>			Divestment Date: (YYYY/MM/DD) <input type="text"/> / <input type="text"/> / <input type="text"/>		
Final Salary: <input type="text"/>			Date of Last Change to Salary Rate: (YYYY/MM/DD) <input type="text"/> / <input type="text"/> / <input type="text"/>		

3. To be completed by the Ministry/Agency/Board/Commission					
Ministry/Agency/Board/Commission: <input type="text"/>					
Official's Name (please print): <input type="text"/>			Telephone No. (<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/>		
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					
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.