

MEMBER ENROLMENT

1 Adelaide Street East, Suite 2900 Toronto ON M5C 3A7 Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Email: email@optrust.com Website: optrust.com

Please complete this form to enrol in the OPSEU Pension Plan.

A – Personal Information		
Last name	First name	
Male* Female* * This information is required for actuarial valuation purposes.		
Employer name	Date of birth (day-month-year)	
Social Insurance Number	Employee/WIN number	
Primary email address	Work telephone number	
Alternate email address	Personal telephone number	
Mailing address	Suite	
City/Town	Province	Postal code
Spouse's last name (if applicable)	Spouse's first name and initial	
Spouse date of birth (day-month-year)		
B – Consent and signature		
I consent:		
 to receive communications from OPTrust electronically and ur I specifically request them. I understand that OPTrust will delive mail if secure messaging is not available. I may instruct OPTrust paper form; and 	er personal information using secure	e messaging or regular
 to the collection and use by OPTrust of all the information on may request from me or my employer, or that I may provide to OPSEU Pension Plan. I also consent to OPTrust sharing my per- administration purposes. 	OPTrust, in conjunction with my par	rticipation in the
Signature	Date (day-month-year)	

TO BE COMPLETED BY THE EMPLOYER

C – Employment information

Employment Full time Part time Plan membership date (day-month-year) Continuous employment date (day-month-year)

type:

Seasonal Fixed-term contract

Important! The *continuous employment date* is the first day of the employee's most recent period of unbroken employment – whether in a permanent/classified, contract/unclassified, or seasonal position. The continuous employment date is used by OPTrust to determine whether the enrolling member is eligible to buyback a period of prior non-contributory service. For more information, please refer to the *Employer Manual* at optrust.com/enrolling-a-member.

Employer name

Former member

Employer contact name Business telephone

Employer contact signature Date signed (day-month-year)

D – Past service

If you have <u>past service</u> with an employer that you would like to purchase, please <u>contact us</u>. Strict timelines apply, so it is in your best interest to act quickly.

E – Other helpful documents

These documents will be required upon termination of membership or retirement but are helpful to have on file when you enrol in the Plan and during your membership:

- A copy of your marriage certificate or proof of common-law relationship (see list of acceptable documents on
 How to Prove Your Spousal Relationship on our website)
- A copy of your spouse's proof of age (birth certificate, driver's licence or passport)

F – Protecting your personal information

OPTrust uses your personal information only for plan administration purposes, including determining your pension benefits and keeping you informed about any changes to the Plan that may affect you. We may share your personal information with your employer and others for plan administration purposes. OPTrust is responsible for maintaining the integrity of personal information and member data under its control.

It is important to keep your personal, contact and survivor information up to date so we can contact you and ensure your pension benefits are based on accurate information. The protection of your personal information is very important to us. More information about our privacy program and how we handle your personal information can be found at optrust.com.

G – Legal information about the OPSEU Pension Plan

The OPSEU Pension Plan is sponsored by the Government of Ontario and OPSEU. The Government of Ontario represents employers and OPSEU represents Plan members for purposes of amending the Plan and appointing the Plan's Board of Trustees. For information about the OPSEU Pension Plan, please refer to the booklet *It's Your Pension* or visit optrust.com.