



1 Adelaide Street East, Suite 2900  
Toronto ON M5C 3A7

## REQUEST TO TRANSFER PENSIONABLE SERVICE CREDIT UNDER THE MULTI-LATERAL TRANSFER AGREEMENT

Telephone: 416-681-6100 Toll-free: 1-800-637-0024  
Email: [email@optrust.com](mailto:email@optrust.com) Website: [optrust.com](http://optrust.com)

OPTrust ID or Employee Number

In order to process your request to transfer your pensionable service credit to the OPSEU Pension Plan (Importing Plan), please complete and sign the below *Request for Transfer Quotation* (Appendix A). This signed Appendix A authorizes the Importing Plan to contact the Exporting Plan regarding your pension.

To qualify for a transfer under the *Multi-Lateral Transfer Agreement*, you must meet the following conditions:

- a. You were a member of the Exporting Plan and terminated employment with an employer.
- b. You have completed and fully paid for, or have abandoned, all purchases of pensionable service credit in respect of periods of past service under the provisions of the Exporting Plan.
- c. Within 18 months of such termination, you commenced employment with another employer whose employees do not participate in the same Plan.
- d. Within six months of first becoming eligible to do so, you became a member of the Importing Plan.
- e. You have a pension benefit, or, if not entitled to a pension benefit, you have contributions, other than additional voluntary contributions, in the Exporting Plan.
- f. You are not in receipt of a pension from the Exporting Plan for the most recent period of service under that Plan.

If you satisfy all of the above conditions, please complete and return Appendix A to OPTrust by mail or through [secure email](#) as soon as possible to ensure you meet the eligibility requirements under the reciprocal agreement.

If you have questions, please contact us at [optrust.com](http://optrust.com) or send a email through your [Online Services](#) account.



# APPENDIX A – MOPPS REQUEST FOR TRANSFER QUOTATION

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Telephone: 416-681-6100 Toll-free: 1-800-637-0024  
Email: email@optrust.com Website: optrust.com

Date (Day-Month-Year)

Last Name

First Name

OPTrust ID or Employee Number

Email Address

Date of Birth (Day-Month-Year)

If you wish to commence transfer proceeding, please review the following information for accuracy, complete the lower portion of this form and return it to the Importing Plan.

Exporting Plan:

Name of Employer:

Reference Number:

Termination Date (Day-Month-Year):

Importing Plan:

Name of Employer:

Reference Number:

Date of Hire (Day-Month-Year):

Date of Enrolment in Pension Plan  
(Day-Month-Year):

I hereby authorize the Exporter to release to the Importer the information necessary to calculate the amount transferable, including my social insurance number and any information relevant to *Family Law Act, 1986*.

Signature

Date (Day-Month-Year)

Mailing Address

City/Town

Province

Postal Code

**NOTE:** The completed *Request for Transfer Quotation* form (Appendix A) must be returned within 6 months of your enrolment in that Plan.

**Authorization by Importing Plan:**

Signature

Date (Day-Month-Year)