



Personal Information Change Request

OPSEU Pension Trust Fiducie du régime de retraite du SEFPO

OPTrust 1 Adelaide Street East, Suite 2900, Toronto, Ontario M5C 3A7
Telephone: 416-681-6100 Toll-free: 1-800-637-0024

1] YOUR IDENTIFICATION – This section must be completed for all requested changes.

Last Name				First Name and Initials							
<input type="text"/>				<input type="text"/>							
OPTrust ID Number				Date of Birth (DD/MM/YYYY)				Home Telephone Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2] CHANGE HOME ADDRESS TO:

Address: Number and Street										Apt. No.	
<input type="text"/>										<input type="text"/>	
City/Town				Province		Postal Code		Effective Date (DD/MM/YYYY)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3] CHANGE BANKING INFORMATION TO:

Yes, I would like to change my banking information – enclosed is a cheque marked “VOID”.

If you do not have a VOID cheque, please complete the information below to ensure your OPTrust pension payment is deposited to your account.

Note: Do not close your old account until you receive at least one pension payment in your new account. **U.S. account holders:** to set up a U.S. account for direct deposit, please call our office at **416-681-6100** or toll-free within Canada **1-800-637-0024**.

Name of Bank or Financial Institution											
<input type="text"/>											
Branch Address								Telephone Number			
<input type="text"/>								<input type="text"/>			
City/Town						Province		Postal Code			
<input type="text"/>						<input type="text"/>		<input type="text"/>			
Account Number				Transit Number				Bank Number			
<input type="text"/>				<input type="text"/>				<input type="text"/>			

4] ADDITIONAL INCOME TAX DEDUCTION – This request will remain in effect until you write to request a further change.

Use this section to increase the amount of income tax deducted from your monthly OPTrust pension payment.

I hereby request the amount of income tax deducted from each monthly OPTrust payment (check one):

is set at \$ each month* **OR** is increased by \$ each month

*Please be advised we cannot reduce the withholding tax below the amount that we are required by law to withhold.

I hereby declare that the information I have provided is true and accurate. I authorize the use of this information by OPTrust for the administration of the OPSEU Pension Plan. This form must be signed and dated before we can accept and process your changes. Please keep a copy of this form for your records.

Name (Please Print)				Authorized Signature				Date Signed (DD/MM/YYYY)			
<input type="text"/>				<input type="text" value="x Sign Here"/>				<input type="text"/>			