



DECLARATION OF ATTENDANCE AT A SECONDARY OR POST-SECONDARY INSTITUTION

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

Complete this form and return it to OPTrust if you are a dependent child of a deceased member of the OPSEU Pension Plan, and you are age 18 or older and in continuous full-time attendance at a secondary or post-secondary institution immediately after secondary school. The information collected on this form will be used to determine your eligibility to receive a survivor pension from the OPSEU Pension Plan.

Sections A and B are to be completed by you.

Section C is to be completed by a representative from your secondary or post-secondary institution, as applicable. This section may be left blank if an official proof of enrolment letter from the secondary or post-secondary institution is attached.

A – Student Information

Last Name		First Name	
OPTrust ID	Email or Telephone	Date of Birth (Day-Month-Year)	
Mailing Address		City/Town	Province, State or Territory
Postal or Zip Code	Country		

Please indicate the start and end dates of your full-time enrolment for the current academic year:

Start Date (Day-Month-Year)	End Date (Day-Month-Year)
-----------------------------	---------------------------

Name of Secondary or Post-Secondary Institution

If you are attending a post-secondary institution, please indicate the date you finished attending a secondary school:

Date (Day-Month-Year)

Have you been in continuous full-time secondary or post-secondary education since age 18? Yes No

B – Student Declaration

I declare that to the best of my knowledge, the information given on this form is true and complete and I agree to notify OPTrust if I terminate full-time attendance at the secondary or post-secondary institution for any reason. I hereby authorize the above named secondary or post-secondary institution to provide OPTrust with any information regarding my attendance.

Signature Date (Day-Month-Year)

C – Declaration by Secondary or Post-Secondary Institution

Name of Secondary or Post-Secondary Institution

Mailing Address

City/Town

Province, State or Territory

Postal or Zip Code

Country

Name of Authorized Official

Title

Email or Telephone

I confirm that to the best of my knowledge, the information provided by the student regarding their continuous full-time attendance at the above named institution is correct, unless otherwise stated below:

Signature

Date (Day-Month-Year)

Place seal or stamp here: