



# TERMINATION OF MEMBERSHIP

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Email: email@optrust.com Website: optrust.com

Employers must complete this form to report the termination of membership in the OPSEU Pension Plan and submit it to OPTrust through [Online Services](#).

Do not use this form, if:

- There has been no termination of employment and the member is transferring to the PSPP. Please submit a completed [Transfer of Membership Between the OPSEU Pension Plan and the Public Service Pension Plan \(OPTrust 1040\)](#) form to OPTrust.
- The member has died. Please submit a completed [Death of Plan Member \(OPTrust 1063\)](#) form to OPTrust.

## A – Member Information

Last Name		First Name		OPTrust ID or Employee/ WIN Number		
Date of Birth (Day-Month-Year)		Marital Status				
		single	married	common-law	separated	widowed
Email		Telephone				
Mailing Address			City/Town	Province	Postal Code	

## B – Reason for Termination of Membership

Retirement	Termination of employment	Disability Pension	Divestment
Does the member have any outstanding grievances?		Yes	No

## C – Employment Information

Date of termination of employment (Day-Month-Year)

Date of last change to salary rate (Day-Month-Year)      Final salary rate  
\$

Is the member currently on a leave of absence for which contributions have not been made?      Yes      No

If yes, please indicate:

Start Date (Day-Month-Year)	End Date (Day-Month-Year)	Leave Type
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If the member was on LTIP, the LTIP pension accrual report is required. The report:

is attached

will follow shortly

## D – Declaration

I certify that the information on this form is, to the best of my knowledge, complete and accurate.

Employer Name

Employer Contact Name

Email

Telephone

Signature

Date (Day-Month-Year)