



1 Adelaide Street East, Suite 1200
Toronto ON M5C 3A7

MEMBERSHIP WAIVER

Religious Exemption from Pension Plan Participation

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

IMPORTANT:

Please complete and submit this form to OPTrust and provide a copy to your employer for their records. Your waiver will take effect once it is received by OPTrust.

Employee Name

Date of Birth (Day-Month-Year)

Employer Name

Employee ID

I UNDERSTAND THAT:

1. My membership in the OPSEU Pension Plan (the Plan) is mandatory, subject to my right to waive participation on the grounds of my religious beliefs.
2. If I waive my right to join the Plan on the date that I am first eligible, I may choose to join the Plan at a later date, but I will not be able to buy back the service I missed by not joining the Plan earlier, and my pension will be less than it would have been had I joined the Plan when I was first eligible.
3. The amount of pension under the Plan is based on pension service which is defined in part as the total period of time for which contributions are made to the Plan by the member and the employer.
4. If I do not join the Plan, I will not receive a pension when I retire.
5. If I decide to join the Plan in the future, it is my responsibility to notify OPTrust and my employer that I wish to enrol in the Plan.

I confirm I have been provided with a copy of *It's Your Pension – A Guide to the OPSEU Pension Plan* and I understand my rights and obligations under the Plan. I have had the opportunity to consult with a lawyer and/or financial advisor and understand the financial consequences of this decision. By signing this document, I waive my right to join the OPSEU Pension Plan on the basis of my religious beliefs.

Signature

Date (Day-Month-Year)

If you have questions about the OPSEU Pension Plan or the impact of signing this waiver, please contact OPTrust.