



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

REQUEST TO TRANSFER PENSIONABLE SERVICE FROM THE PUBLIC SERVICE PENSION PLAN

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

OPTrust ID or Employee Number

In order to process your request to transfer your pensionable service from the Public Service Pension Plan (Exporting Plan) to the OPSEU Pension Plan (Importing Plan), please complete and sign the below Request for Transfer Quotation form (Appendix A). The signed Appendix A authorizes us to contact your previous pension plan's administrator.

In order to qualify for a transfer, you must meet the following conditions:

- a. You were a member of the Public Service Pension Plan and terminated employment with an employer.
- b. Your application to transfer is made within 24 months of joining the OPSEU Pension Plan.
- c. 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.
- d. 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 the above conditions, please complete and return Appendix A to OPTrust by mail or through [secure email](#), within 24 months of becoming a member of the OPSEU Pension Plan. If you do not return Appendix A within 24 months, you will no longer be eligible for a transfer.

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



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APPENDIX A - OPB REQUEST FOR TRANSFER QUOTATION

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 24 months of your enrolment in that Plan.

Authorization by Importing Plan:

Signature

Date (Day-Month-Year)