



Membership Enrolment

OPTrust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7

Telephone: 416-681-3609 **Toll-free:** 1-833-678-7528

Email: email@optrustselect.com **Website:** optrustselect.com

Instructions

Please complete this form to enrol in OPTrust Select. Return your completed and signed enrolment form to your employer along with your proof of age document (copy of your birth certificate, driver's licence or passport) and Spousal Information and Beneficiary Designation form (S1015). Alternatively, you may forward your proof of age document and the S1015 to OPTrust directly.

Important Information

Membership in OPTrust Select – to join OPTrust Select, you must first be eligible under your employer's participation agreement. If you are eligible, your membership can be mandatory or optional, depending on your age and employment status. If you are less than age 65 and work on a full-time continuous basis, your membership is mandatory. It will begin on the latest of your date of hire; the date your employer becomes an OPTrust Select employer; or the date you return to work from a leave of absence that began before your employer became an OPTrust Select employer.

If you are less than age 65 and work on a less than full-time continuous basis (e.g., part-time), or are between the ages of 65 and 71, your membership is optional. You may choose to join at any time, but you cannot buy back periods of employment when you were eligible but chose not to participate.

Spousal Information – for pension purposes a "spouse" is someone who you are married to or have been living with in a common-law relationship for at least three years, or a shorter period if you are in a relationship of some permanence and are the parents of a child.

Legal Information About Your Participation in OPTrust Select

The OPSEU Pension Plan, which includes OPTrust Select, is sponsored by the Government of Ontario and the Ontario Public Service Employees Union (OPSEU). The Government of Ontario represents employers and OPSEU represents Plan members for purposes of amending the Plan and appointing the Plan's Board of Trustees. For information about the OPSEU Pension Plan, please refer to *Your Guide to OPTrust Select* or visit optrustselect.com.

Protecting Your Personal Information

OPTrust uses your personal information only for plan administration purposes, including determining your pension benefits and keeping you informed about any changes to the Plan that may affect you. We may share your personal information with your employer and others for plan administration purposes. OPTrust is a data steward responsible for maintaining the integrity of personal information and member data under its control.

It is important to keep your personal, contact and survivor information up to date so we can contact you and ensure your pension benefits are based on accurate information.

The protection of your personal information is very important to us. We continuously assess the impact of any business changes on our privacy practices and processes to ensure they meet or exceed established standards.

For more information

Details about our privacy program and how we handle your personal information can be found at optrustselect.com.

S1005- 3/19

OPTrust is committed to creating an accessible organization. Alternate formats of this communication are available upon request.

Keep a copy of this form for your records.



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A – Personal Information

Last Name

First Name

Former Member of the OPSEU Pension Plan Yes

No

Social Insurance Number

Employee Number

Primary Email Address

Work Telephone Number

Ext.

Alternate Email Address

Personal Telephone Number

Mailing Address

City/Town

Province Postal Code

Spouse's Last Name (if applicable)

Spouse's First Name

Spouse's Date of Birth

(Day-Month-Year)

B – Consent and Signature

I confirm that my enrolment in OPTrust Select is:

mandatory

optional and I elect to join effective (Day-Month-Year):

Electronic Communications

I agree to receive communications from OPTrust electronically using the email addresses I provide and that I will not be provided with paper copies unless I specifically request them. I understand that OPTrust will deliver personal information using secure messaging or regular mail if secure messaging is not available.

By signing this form, I consent to the collection and use by OPTrust of all the information on this form and all attachments and information that OPTrust may request from me or my employer, or that I may provide to OPTrust, in conjunction with my participation in OPTrust Select. I also consent to OPTrust sharing my personal information with my employer(s) or others for plan administration purposes.

Signature

Date (Day-Month-Year)