

Termination of Optional Membership

Public Service Pension Plan (PSPP)

Use this form to terminate your **optional** membership in the PSPP without terminating your employment. You are an optional member if, when you were hired, you were given the choice of joining the PSPP, or you are 65 years old or older.

IMPORTANT: If you are considering terminating your optional membership, please contact OPB to discuss the impact.

OPB client number

Member - complete this section and deliver this form to your employer

OPB client last name	OPB client first na	meInitia	als		
I elect to terminate my optional membership in the PSPP, effective on the date this form is signed.					
I am aware that by terminating my optional membership in the Public Service Pension Plan, I will stop earning credit in the Plan, unless I rejoin the Plan in the future. I also understand that I will not receive any termination options until I actually terminate employment with my employer.					
	Date signed (YYYYMMDD)	Contact telephone number			
OPB client signature	L				

Employer - complete this section, provide a copy of this form to the member and submit to OPB through the Employer Portal to confirm the termination date

PSPP contributions will cease on the date the member terminated their optional membership (i.e., the date they signed this form)	Date contribu	tions ceased (YYYYMMDD)	
Employer name			
Employer representative Positio	n title	Contact telephone number	
Date (yyyy/mm/dd) Employer representative should be in a Payroll/HR/Administrator role			

The personal information on this form is collected under the authority of the *Public Service Pension Act* and will be used only to administer pension benefits. For more information or if you have any questions, contact Client Services or our Privacy Officer at:

Telephone: 416-364-5035 or toll-free 1-800-668-6203 (Canada & USA) | Fax: 416-364-7578 | OPB.ca