

Declaration of Attendance at School, College or University

Public Service Pension Plan (PSPP)

Use only if you are currently receiving a survivor pension; send a completed form to OPB every academic year.

OPB client number

Student information - to be completed by student

Student last name (print)		Student first name		Initials
Apt. number	Street address			
City	Province	Postal code	Country (if outside Canada)	
Contact telephone number		Email address		
The following dates determine your eligibility for pension benefits & are required information				
I am presently enrolled as a full-time student for the current academic year:		Start date (YYYYMMDD)	End date (YYYYMMDD)	
If you are now attending a college or university, please indicate your last day of attendance at high school:		Last day of high school (YYYYMMDD)		
Name of school, college or university you are attending (print)				
Suite number	Street address for school, college or university			
City	Province	Postal code	School telephone number	

Student declaration

I hereby declare that to the best of my knowledge and belief, the information given above is true and complete and I will notify Ontario Pension Board (OPB) in writing should I terminate attendance at school, college or university for any reason. I hereby authorize the above-named school, college or university to provide OPB with any information regarding my attendance.

Student signature

Date signed (YYYYMMDD)

Return a copy of the completed form to OPB and keep a copy for your records. You can fax it to OPB at the number shown below.

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 the Privacy Officer at:

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



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School declaration - to be completed by an official of a school, college or university

Student last name (print)

Student first name

Initials

Name of school, college or university

To the best of our knowledge and belief, the information provided by the student named here is correct, unless otherwise stated. (Place official school seal or school stamp below).

Sign and date this form - return the completed form to the student

Name of school official (print)

Position title

Date signed (YYYYMMDD)

School official - signature

Note: As an alternative to the school official signature, OPB would accept a letter from the school (provided electronically) setting out the academic year and confirming the child's full-time enrolment.