



# Declaration of Attendance at School or University

Please complete the first two sections of this form and then ask your school or university to complete the school or university section. Return the completed form to the Ontario Teachers' Pension Plan.

## Survivor information

*To be completed  
by student*

Name <i>last</i>	<i>first</i>	<i>middle initial</i>
SIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of birth		<input type="text"/> <i>yyyy</i> <input type="text"/> <i>mm</i> <input type="text"/> <i>dd</i>
Address <i>street</i>	<i>city</i>	
<i>province</i>	<i>postal code</i>	
Telephone <i>day</i>	E-mail address	
Name of school or university	When do you expect to finish school/university?	
	<input type="text"/> <i>yyyy</i> <input type="text"/> <i>mm</i>	

## Survivor's signature

By signing below, I certify that:

- The above information is correct;
- I will notify the Teachers' pension plan if I interrupt or stop attending school or university for any reason;
- I will repay any payment from the Teachers' pension plan that I didn't qualify to receive; and
- I authorize the school or university named above to provide information to the Teachers' pension plan about my enrolment and attendance.

Signature	Date <input type="text"/> <i>yyyy</i> <input type="text"/> <i>mm</i> <input type="text"/> <i>dd</i>
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## School or university information

*To be completed by  
school or university*

Name of school or university	
Address <i>street</i>	<i>city</i>
<i>province</i>	<i>postal code</i>
Student ID number	Program
<input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student	
Enrolled <i>from</i>	<i>to</i>
<input type="text"/> <i>yyyy</i> <input type="text"/> <i>mm</i>	<input type="text"/> <i>yyyy</i> <input type="text"/> <i>mm</i>

To the best of our knowledge, the above information is correct unless otherwise stated below:

Name of authorized school official	Title of official
Signature	Date <input type="text"/> <i>yyyy</i> <input type="text"/> <i>mm</i> <input type="text"/> <i>dd</i>