ONTARIO TEACHERS'
PENSION PLAN – RÉGIME DE RETRAITE DES ENSEIGNANTES ET DES ENSEIGNANTS

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 *last* *first* *middle initial*

SIN* ___ ___ ___ ___ ___ ___ ___ ___ ___

Date of birth *yyyy* *mm* *dd*

Address *street* *city*

province *postal code*

❑ Mailing address is same as residential address above. If not, provide below:

Address *street* *city*

province *postal code*

Telephone Email address

** Collection of your SIN is authorized by law for the purpose of reporting income to the Canada Revenue Agency.*

Survivor's signature

If you stop attending school, you must repay any payments made after your last month of attendance.

By signing below, I certify that:

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

Signature Date *yyyy* *mm* *dd*

School or university information

To be completed by school or university

(continued on next page)

Name of school or university

Address *street* *city*

province *postal code*

School or university information, cont'd.

To be completed by school or university

Student ID number | Program

Current enrolment: ❒ Full-time student ❒ Part-time student

Enrolled *from* yyyy mm *to* yyyy mm *(i.e., 2019/09 to 2020/04)*

When is this student expected to complete their program requirements?
This includes all courses, exams, work terms, apprenticeships, etc. yyyy mm

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

Name of authorized school official | Title of official

Telephone *(inc. extension if applicable)* | Email

Signature | Date yyyy mm dd

Stamp (optional)