

Please complete this form by choosing your District on the reverse side and signing the form >>>>>

2011 Application for Full or Associate Membership in RTO/ERO

GENDER M F MARITAL STATUS Married Partnered Single Widow(er) Separated Divorced

LAST NAME FIRST NAME

ADDRESS - STREET/BOX/R.R. APT. NO.

CITY PROVINCE POSTAL CODE

TELEPHONE EMAIL

DATE OF BIRTH DAY MONTH YEAR SOCIAL INSURANCE NUMBER DATE OF RETIREMENT* DAY MONTH YEAR PENSION START DATE* DAY MONTH YEAR

Please indicate preferred membership start date: MEMBERSHIP START DATE DAY MONTH YEAR

*If you have not yet retired and not yet started receiving your pension, please indicate your anticipated date for both.

Please indicate your status by checking the appropriate box:

FULL MEMBERSHIP

- Retired teacher/vice-principal/principal/superintendent/director receiving a pension from the Ontario Teachers' Pension Plan (OTPP)
- A retired teacher with a **minimum of 15 years** of credited service who opted for a commuted value** transfer from the Ontario Teachers' Pension Plan following the OTPP rules in place at the time of commutation – please indicate Years of Credited Service _____

OR

ASSOCIATE MEMBERSHIP

- Retired teacher receiving a pension from the OTPP, whose spouse is a Full member of RTO/ERO
- Retired teacher who opted for a deferred pension from the OTPP
- Retired teacher who opted for the commuted value** of his/her contributions to the OTPP (**less than 15 years** of credited service)
- Surviving spouse, of a **Full or Associate member**, who is not eligible to receive a teacher's pension
- Retired educator who is receiving a pension from the Ontario Public Service or the equivalent from a Canadian jurisdiction outside Ontario
- Retired educator receiving a pension from a University or College in Canada
- Retired teacher receiving a pension from a teacher's pension fund outside Ontario
- Retired teacher receiving a pension from a non-designated Ontario Private School
- Non-educator divorced spouse of a Full or Associate member
- Retired non-educator employee of an Ontario School Board or educational organization
- Individual, actively employed in education, who is not retired and will be eligible upon retirement to be a Full or Associate member

** Commuted Value: Transferring a lump sum of your OTPP pension to a LIRA, Life Annuity or another pension.

Prior to retirement, I was a member of:

AEFO CAUT CPCO CUPE ETFO OCSOA OECTA OMERS OPC OPSEU OPSOA OSSTF OTHER (please specify)

My spouse/partner is an RTO/ERO member YES NO If YES, please provide membership #

If YES, would you prefer one mailing to your household? YES NO

I would prefer to hear from RTO/ERO in ENGLISH FRENCH

I would prefer correspondence from RTO/ERO in ELECTRONIC FORMAT HARD COPY MAILINGS

Please indicate how you heard about RTO/ERO (please check all that apply):

From a retired colleague Attended an RTO/ERO Retirement Planning Workshop From the OTPP From my Affiliate/Association From my School Board From the RTO/ERO magazine *Renaissance*

Advertising in: Affiliate/Association magazine *Professionally Speaking* magazine *Academic Matters* magazine *University Affairs* magazine Other (please specify)

Please complete and sign the other side of this form >>>>>

RTO/ERO is organized into 46 Districts across Ontario and two Districts in British Columbia, the names of which are indicated in bold below. These Districts are based on geography, NOT on District School Boards. Members may participate in a District other than where they worked, but may join only one District. Some Districts, as indicated below, are divided into units.

Check **ONLY ONE** of the following Districts or individual Units within a District, to which you wish to belong:

- | | | | |
|---|--|--|--|
| 1. Rainy River
<input type="checkbox"/> Rainy River
<input type="checkbox"/> Atikokan | 13. Hamilton-Wentworth, Haldimand
<input type="checkbox"/> Hamilton-Wentworth
<input type="checkbox"/> Haldimand | 21. Renfrew
<input type="checkbox"/> Renfrew – North
<input type="checkbox"/> Renfrew – South | 36. <input type="checkbox"/> Peterborough |
| 2. <input type="checkbox"/> Thunder Bay | 14. <input type="checkbox"/> Niagara | 22. <input type="checkbox"/> Etobicoke and York
(see also 16, 23, 24) | 37. <input type="checkbox"/> Oxford |
| 3. <input type="checkbox"/> Algoma | 15. <input type="checkbox"/> Halton | 23. <input type="checkbox"/> North York
(see also 16, 22, 24) | 38. <input type="checkbox"/> Lambton |
| 4. Sudbury/Manitoulin
<input type="checkbox"/> Sudbury
<input type="checkbox"/> Manitoulin/North Shore | 16. <input type="checkbox"/> City of Toronto
(see also 22, 23, 24) | 24. <input type="checkbox"/> Scarborough and East York
(see also 16, 22, 23) | 39. <input type="checkbox"/> Peel |
| 5. Cochrane, Timiskaming
<input type="checkbox"/> Cochrane
<input type="checkbox"/> Timiskaming | 17. Simcoe
<input type="checkbox"/> Barrie, Central Simcoe
<input type="checkbox"/> Orillia, North Simcoe
<input type="checkbox"/> Alliston, South Simcoe
<input type="checkbox"/> Collingwood, West Simcoe | 25. <input type="checkbox"/> Stormont, Dundas, Glengarry | 40. <input type="checkbox"/> Brant |
| 6. Parry Sound
<input type="checkbox"/> Parry Sound East
<input type="checkbox"/> Parry Sound West | 18. Haliburton, Kawartha Lakes
<input type="checkbox"/> Haliburton
<input type="checkbox"/> Kawartha Lakes | 26. <input type="checkbox"/> Kenora | 41. <input type="checkbox"/> Elgin |
| 7. <input type="checkbox"/> Windsor-Essex | 19. Hastings and Prince Edward | 27. <input type="checkbox"/> Ottawa-Carleton | 42. Mainland British Columbia
(see also 47)
<input type="checkbox"/> BC Mainland/Sunshine Coast
<input type="checkbox"/> BC Interior |
| 8. <input type="checkbox"/> London, Middlesex | 20. Lennox, Addington, Frontenac
<input type="checkbox"/> Lennox, Addington
<input type="checkbox"/> Frontenac | 28. <input type="checkbox"/> Region of Durham | 43. <input type="checkbox"/> Nipissing
(see also 44) |
| 9. <input type="checkbox"/> Huron, Perth | | 29. <input type="checkbox"/> Lanark | 44. <input type="checkbox"/> Région du ciel bleu
(Francophone District for #43 Nipissing) |
| 10. Bruce/Grey, Dufferin
<input type="checkbox"/> Bruce/Grey
<input type="checkbox"/> Dufferin | | 30. <input type="checkbox"/> Northumberland | 45. <input type="checkbox"/> EstaRiO (Francophone District for #32 Prescott-Russell) |
| 11. <input type="checkbox"/> Waterloo | | 31. <input type="checkbox"/> Wellington | 46. <input type="checkbox"/> Muskoka |
| 12. <input type="checkbox"/> Norfolk | | 32. <input type="checkbox"/> Prescott-Russell
(see also 45) | 47. Vancouver Island
(see also 42)
<input type="checkbox"/> Victoria
<input type="checkbox"/> Mid/Upper Island |
| | | 33. <input type="checkbox"/> Chatham-Kent | 48. <input type="checkbox"/> Leeds and Grenville |
| | | 34. <input type="checkbox"/> York Region | |
| | | 35. Dryden
<input type="checkbox"/> Dryden
<input type="checkbox"/> Red Lake | |

1. I hereby apply for membership in RTO/ERO.

2. I consent to the collection, use and disclosure of any information required to administer my membership in RTO/ERO including personal information such as my Social Insurance Number.

3. (a) For FULL MEMBERS and SURVIVING SPOUSES receiving an OTPP Pension:

I direct OTPP to deduct membership fees from my pension each January and remit the fees to RTO/ERO.

Please note: when you join, it may be too late to arrange your OTPP deduction. In this case, RTO/ERO will invoice you a pro-rated membership fee, based on the month in which you join. Your annual deduction from the OTPP will begin in your second calendar year of membership.

(b) FOR ASSOCIATE and COMMUTED VALUE MEMBERS:

I will remit my annual membership fee directly to RTO/ERO upon receipt of my invoice.

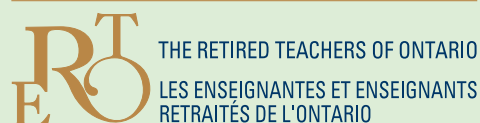
4. I hereby certify that I have completed this Application so that all statements made herein are true and correct in all respects and may be relied upon by RTO/ERO without further inquiry.

DAY	MONTH	YEAR

DATE OF SIGNATURE

SIGNATURE

À votre service...pour le soin de votre avenir. Depuis 1968.



Here for you now ... Here for your future. Since 1968.

18 Spadina Road, Suite 300, Toronto ON M5R 2S7
416.962.9463 1.800.361.9888 • fax 416.962.1061
www.rto-ero.org • info@rto-ero.org

For your convenience, a self-addressed, stamped envelope is enclosed for this application. If you are applying for RTO/ERO Group Insurance Benefits at the same time as membership, please complete the benefits application and include both forms in the same envelope.

This application is available on our web site at: www.rto-ero.org