



## Divested OMERS member (notice of member event)

Use this form when a divested OMERS member terminates employment, retires or dies.

To help us serve you better, submit your documents quickly and securely using the e-access portal. Start a new conversation, attach your files, and submit.

Providing OMERS with your personal information is considered consent for its use and disclosure for the purposes set out in our Privacy Statement, as amended from time to time. You can find out more about our collection, use, disclosure and retention of personal information by reviewing our Privacy Statement at [www.omers.com](http://www.omers.com).

### SECTION 1 - MEMBER INFORMATION

|   |                            |                                     |            |                                      |           |                                |  |
|---|----------------------------|-------------------------------------|------------|--------------------------------------|-----------|--------------------------------|--|
| OMERS Membership Number                                   |                            | <input type="checkbox"/> Retirement |            | <input type="checkbox"/> Termination |           | <input type="checkbox"/> Death |  |
| <input type="radio"/> Mr.<br><input type="radio"/> Other: | <input type="radio"/> Mrs. | <input type="radio"/> Ms.           | First Name | Middle Name                          | Last Name |                                |  |
| Apt/Unit  | Address                    |                                     |            | City                                 | Province  | Postal Code                    |  |

|  |
|--|
| Date of Termination/Retirement/Death (m/d/y) |
|--|

Any Unpurchased Breaks in Service or Leaves? ☐ Yes ☐ No

If Yes:

Reason for Break(s):

|  |
|--|
|  |
|  |

Date(s) of Break(s):

|       |     |
|-------|-----|
| From: | To: |
| From: | To: |

### SECTION 2 - AUTHORIZATION

|              |         |       |       |          |             |
|--------------|---------|-------|-------|----------|-------------|
| Organization |         |       |       |          |             |
| Contact Name |         |       | Title |          |             |
| Suite/Unit   | Address |       | City  | Province | Postal Code |
| Phone        | Fax     | Email |       |          |             |

Signature of Authorized Signing Officer

Date (m/d/y)