OMERS

Claim for former spouse pension

Use this form to provide OMERS with your personal, address and banking information. We need this information to administer a division of the member's pension directly to you (the former spouse). Please complete:

- Section 1 (to the best of your ability); if you received a Form 4E statement from OMERS some member information is on Parts A & C;
- Sections 2, 3 and 4.

Mail/fax the completed signed form and necessary documents to the contact information below. If you fax it, do not mail the original.

Any personal information provided on this form may be used to update your membership profile.

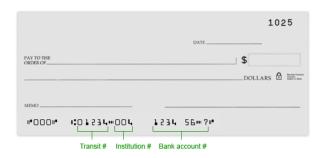
Providing OMERS with your personal information is considered consent for its use and disclosure for the purposes set out in our Privacy Statement, as amended from time to time. You can find out more about our collection, use, disclosure and retention of personal information by reviewing our Privacy Statement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

SECTION 1 - N	MEMBER II	NFORMATION						
OMERS Membership Number*			Date of Birth (m	Date of Birth (m/d/y)		Phone		
C Mr. C Mrs. C Ms. First Name		Middle Name	Middle Name Last Na		ame			
Apt/Unit	Address		Ci	ty		Province	Posta	l Code
Home Number		Mobile Number	Email					
Date of m	narriage:	Date (m/d/y)	Date of	separation:	Date (m/d/y)			
	•	appears on any personalize	ed statement from OMERS					·
Social Insurance		POUSE INFORMATION	Date of Birth (n	n/d/y)	Phor	ne		
OMr. OMrs.			Middle Name	Middle Name Last Na		ame		
Apt/Unit	Address	'	C	ity		Province	Posta	al Code
Home Number	-	Mobile Number	Email					
-		er spouse) all your correspo	ondence and your annual s	tatement of p	pension incom	e – T4A slip –	directly t	o your mailing addre
Please provide	us with you	POSIT INFORMATION r current banking information				your pension p	payments	directly into your ba
Name of Bank	SO ask that	you enclose a personal c	neque for this bank acco	unt markeu	voia			
Tame of Bank		le men se e			5			
	Transit Number Institution Number			Bank Account Number				
Transit Number								

OMERS

OMERS Membership Number	l
	l

SECTION 3 - DIRECT DEPOSIT INFORMATION - cont'd



SECTION	ON 4 -	AUTH	ORIZ	ATION
---------	--------	------	------	-------

SECTION 4 - AUTHORIZATION						
I confirm that the information on this form is corre	ct.					
Former Spouse Signature	Date (m/d/v)	Witness Signature	Date (m/d/v)			