

Stakeholder Request for a Plan Change

Requested by: _____
(Please print)

Address: _____
(Please print)

Telephone: _____ **Email:** _____

Check applicable boxes below.

I am a:

Member Retiree Employer Other *(please specify)* _____

Pension plan and relevant area of change:

Primary Plan Supplemental Plan for Police, Firefighters and Paramedics

Retirement Compensation Arrangement (RCA)

Proposed Change to Current Provision

1. General description of current provision:

2. Proposed change(s) to current provision:

3. Proposed effective date of change:

4. Who is impacted by the change and any variations thereof (e.g., all members, all new members or a subset of either: deferred members; retired members; employers; etc):

5. Provide key rationale for change:

Any questions should be referred to **Chris Vanden Haak, Vice President, Pension Strategy and Governance** (see contact information below). Send completed form to:

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Fax: 416-369-1156

Email: contact@omerssc.com