



U.S. direct deposit request

Use this form to have your OMERS pension payment deposited directly to your U.S. chequing account. To qualify, please confirm your U.S. residency in Section 2.

Your monthly pension payment will be converted into U.S. funds at the exchange rate in place at the time of deposit to your U.S. account.

Mail/fax the completed and signed form 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 - MEMBER INFORMATION

OMERS Membership Number*		Social Insurance Number/SSN		Date of Birth (m/d/y)	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:		First Name	Middle Name	Last Name	
Apt/Unit	Address		City	Province/State	Postal Code/Zip Code
Country			Home Number	Mobile Number	
Email					

*Your membership number appears on your Pension Report or any personalized statement from OMERS.

SECTION 2 - RESIDENCY CONFIRMATION

If you are a U.S. citizen, or a U.S. Social Security Card holder, please check the appropriate box, and provide the number that appears on your card.

<input type="checkbox"/> Certificate of Naturalization	U.S. Certificate of Naturalization Number
<input type="checkbox"/> U.S. Social Security Card	U.S. Social Security Card Number

SECTION 3 - BANKING INFORMATION

Please enclose a cheque marked "void" and the following banking information:

Name of Bank			
Routing Number		Chequing Bank Account Number	
Address		City	State Zip Code

Note: OMERS is only able to offer direct deposit to U.S. chequing accounts.

Effective Date:

Due to payment deadlines, the change may not take effect until the next available monthly pension payment.

SECTION 4 - AUTHORIZATION

I confirm that the information on this form is correct.

Member's Signature _____

Date (m/d/y) _____