OMERS

Past service purchase application form (supplemental plan)

Use this form to get a cost quote for purchasing Supplemental Plan past service. Complete all the applicable sections. Both the member and employer must sign in Section 3.

Important! For OMERS to provide this cost quote, the member must already be enrolled in the employer's Supplemental Plan.

Mail the completed and signed form to OMERS, One University Avenue, Suite 400, Toronto, ON M5J 2P1 or fax: 416-369-9704, toll-free: 1-877-369-9704. If you fax it, do not mail the original.

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 <u>www.omers.com</u>.

If you have questions about privacy at OMERS, please call OMERS Client Services at 1-800-387-0813.

SECTION 1 - M	ЛЕМВ	er info	RMATION							
Group Number		Social Insurance Number			Date of Birth (m/d/y)		Name	Name of Current Employer		
			First Name		Middle Nam	e		Last Name		
O Mr. O Mrs. O Ms. FII'St Name O Other:										
Apt/Unit	pt/Unit Address		I			City			Province	Postal Code
Phone E				Email						
SECTION 2 - S	SERVI	CE PUR	CHASE INF	ORMATION						
Current Annual Contributory Earnings Salary Rate Supplemental Plan Class										
OMERS will provide a cost quote for all of the member's credited service in our Primary Plan records before they joined the Supplemental Plan. If the member has previously purchased Supplemental Plan past service, we will exclude this from the cost quote.										
SECTION 3 - A	AUTH	ORIZATI	ON (to be c	ompleted by the me	mber and em	ployer)				
Member's Signature										Date (m/d/y)
The current emp	oloyer'	s signatu	ire below is t	to verify the annual c	ontributory ear	nings sala	ary rate	э.		
Employer Name	;									
Contact Name						Title				
Phone			Fax		Email					
Signature of Authorized Signing Officer										Date (m/d/y)
OMERS cannot submitted).	provid	de a cost	quotation ur	nless we receive this	completed and	d signed a	applica	tion form, alon	g with proof of a	age (if not previously
										Dogo 1 of