



Application for retirement pension (deferred members)

Use this form if you are no longer employed by an OMERS employer but kept your pension with OMERS (a deferred member) and you want to receive your retirement pension.

DO NOT send this form earlier than 60 days before your retirement start date. For example, if you plan to retire on June 30, send us the form on or after April 30.

Please complete Sections 1 to 3, then sign in Section 4 to authorize the request. Be sure to include documents listed in Section 2.

To help us serve you better, submit your documents quickly and securely using your myOMERS account. Go to My Communications, start a new conversation, attach your files, and submit.

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.



Be sure to register for myOMERS. It is convenient and secure as online banking. Go to www.omers.com/myomers. You will need your OMERS membership number.

SECTION 1 - MEMBER INFORMATION

OMERS Membership Number*		Date of Birth (m/d/y)		Name of Last OMERS Employer		
<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 Postal Code	
Home Number		Mobile Number		Email		

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

What type of retirement pension do you want to receive?

☐ Normal - Your monthly normal retirement pension will start the first day of the month following the month you reach your normal retirement age.

☐ Early -

Pension Start Date (m/d/y)

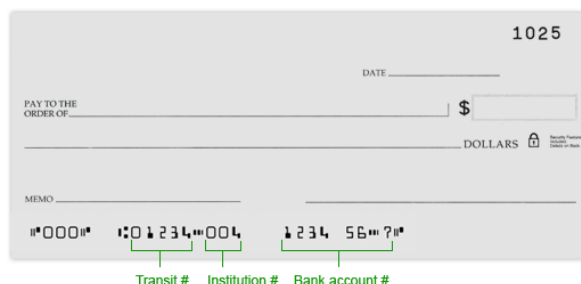
 You can only enter the current month or a date that is in the future.

SECTION 2 - ADDITIONAL DOCUMENTS

You must send the following documents with this form:

1. A cheque marked "void" or the following bank deposit information:

Name of Bank		
Transit Number	Institution Number	Bank Account Number
Address (street number and name)		City Province Postal Code



SECTION 2 - ADDITIONAL DOCUMENTS - cont'd

2. Federal and Provincial TD1 income tax forms (for Canadian residents only) can be obtained from the Canada Revenue Agency website at <https://www.canada.ca/en/revenue-agency/services/forms-publications.html>.

We must deduct appropriate income tax from pension payments.

SECTION 3 - SUPPORTING INFORMATION

Your marital status as at the date of your retirement

☐ Single ☐ Married ☐ Common-law ☐ Separated ☐ Divorced

Spouse information

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	First Name	Middle Name	Last Name
Date of Birth (m/d/y)			

SECTION 4 - AUTHORIZATION

Member's Signature

Date (m/d/y)