



Divestment information - member

Use this form for a member who is transferring to a new employer and enrolling in a different registered pension plan.

If you have not already done so, please notify us in writing of any eligible service the member may have if the member was on Pregnancy/Parental Leave or had Broken Service. For more information, see *Eligible Service* in the *Early Retirement* section or the *Leave Periods* section in the *Employer Administration Manual*.

Mail/fax the completed form to the contact information below. 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 www.omers.com.

SECTION 1 - MEMBER INFORMATION

Group Number	OMERS Membership Number	Date of Birth (m/d/y)	Date of Divestment (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

SECTION 2 - EMPLOYMENT INFORMATION

If the member's regular earnings ended on a date other than the date of divestment, please indicate:

Reason for difference: Sick pay Vacation pay Leave of absence Other:

Annual rate of salary at divestment date

Employment status change: Only complete this section if the member's employment status changed in the last 6 years.
You do not need to provide this information if you've already reported it.

New employment status:

- Continuous full-time
- Other-than-continuous full-time

Record what the member's contributory earnings, credited service and contributions were under each status during the year the employment status changed.

	Full-time	Other-than-continuous full-time
Contributory earnings	<input type="text"/>	<input type="text"/>
Credited service (months)	<input type="text"/>	<input type="text"/>
Contributions	<input type="text"/>	<input type="text"/>

Group Number

OMERS Membership Number

Please complete the following information for this calendar year and last year. Include any disability elimination period the member purchased but do not include any broken service or pregnancy/parental leave that was purchased.

You do not need to record last year's information if you've previously reported it through the Form 119 process. If you wish to revise previously reported information, please indicate above the column.

This year	Last year
	<input type="checkbox"/> I am revising information that was previously reported through the Form 119 process.
Contributory earnings*	
Credited service (months)	
Pension adjustment (PA)	
Basic plan contributions	
Basic RCA contributions	
Type 6 supplementary contribution	
Number of pay periods	

*If the difference between this year's and last year's contributory earnings is more than 20%, what is the reason for the difference?

Retroactive pay (please complete the next section)

Other -

Retroactive pay: Only complete this section if the member received retroactive pay in the last 6 years.

You do not need to provide this information if you've already reported it.

Year retroactive payment was made

Give us the breakdown of the amount that was applied to each year:

Year	Amount
Total Amount	

SECTION 4 - AUTHORIZATION

Employer		Contact	Title
Phone	Fax	Email	

Signature of Authorized Signing Officer _____ Date (m/d/y) _____