



Divestment information - employer

Use this form to provide details of the divestment. Complete section one and have the new employer complete section two.

Submit this and applicable *Form 182 – Divestment information form – member* and *Form 143 – Request for an OMERS plan benefit* to OMERS. To help us serve you better, submit your documents quickly and securely using the e-access portal. Start a new conversation, attach your files, and submit.

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 - PRESENT EMPLOYER INFORMATION

Group Number	Employer Name		
Contact	Title		
Phone	Fax	Email	

Date of divestment

Was the divestment a result of legislation?

- Yes -
 No

Name of legislation

Signature of Authorized Signing Officer

Date (m/d/y)

SECTION 2 - NEW EMPLOYER INFORMATION

Name of New Employer				
Contact	Title			
Unit	Address	City	Province	Postal Code
Phone	Email			

Will there be a registered pension plan for the transferred employees? Yes - Please complete the section below

No

Name of New Pension Plan				
Contact	Title			
Unit	Address	City	Province	Postal Code
Phone	Email			

Signature of Authorized Signing Officer

Date (m/d/y)