



Divested OMERS member (notice of member event)

Use this form when a divested OMERS member terminates employment, retires or dies.

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.

Mail/fax the completed and signed form to the contact information below. If you fax it, do not mail the original.

SECTION 1 - MEMBER INFORMATION

OMERS Membership Number		<input type="checkbox"/> Retirement	<input type="checkbox"/> Termination	<input type="checkbox"/> Death
<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

Date of Termination/Retirement/Death (m/d/y)

Any Unpurchased Breaks in Service or Leaves? Yes No

If Yes:

Reason for Break(s):

Date(s) of Break(s):

From:	To:
From:	To:

SECTION 2 - AUTHORIZATION

Organization				
Contact Name		Title		
Suite/Unit	Address	City	Province	Postal Code
Phone	Fax	Email		

Signature of Authorized Signing Officer

Date (m/d/y)