

AVC Automatic Contributions

Automatic contributions to an AVC Account

Active members can make automatic contributions to an AVC account using:

- Pre-authorized debit from a bank account (bi-weekly or monthly); or,
- Payroll deduction (monthly) if your employer has elected to provide an AVC Employer Payroll Deduction option. Contact OMERS Client Services if you're unsure whether your employer provides this option.

Active members include those currently contributing to the OMERS Primary Pension Plan (OMERS Plan), on a disability waiver, on an authorized leave of absence, and employed beyond 35 years of credited service. Automatic contributions to AVCs are tax-deductible in the year they are made.

Automatic contribution limits established by OMERS

Contribution limits are based on contributory earnings and credited service and take into account the pension adjustment (PA) reporting rules. These limits are in place to help ensure your contributions do not exceed PA limits.

When selecting your salary range, do not include expected overtime earnings. Contributory earnings ranges below are based on 12-month (full-time) employment and credited service. If you work part-time (less than 12 months), contact OMERS Client Services at 416-369-2444 or 1-800-387-0813 for your maximum bi-weekly or monthly contribution.

CONTRIBUTORY EARNINGS	BIWEEKLY MAXIMUM 26 DEBITS PER YEAR (not available for Employer Payroll Deduction)	MONTHLY MAXIMUM 12 DEBITS OR DEDUCTIONS PER YEAR
Less than \$4,445	Nil	Nil
\$4,445 - \$11,522	\$20.00	\$40.00
\$11,523 - \$19,749	\$38.46	\$83.33
\$19,750 - \$27,983	\$57.69	\$125.00
\$27,984 - \$36,211	\$76.92	\$166.67
\$36,212 - \$44,444	\$96.15	\$208.33
\$44,445 - \$139,537.80	\$115.38	\$250.00
Over \$139,537.80	\$20.00	\$40.00

The limits were calculated using the Canada Pension Plan (CPP) earnings limit.

How to start automatic contributions

There are two ways to start automatic contributions:

1. The most convenient way is through the myOMERS secure member access site – to login or sign up for myOMERS, visit **www.omers.com** and click on **myOMERS**.
2. Complete an *AVC Automatic Contribution Registration Form* provided with this package and return it to OMERS.

► **Once your automatic contributions start**

Automatic contributions continue until you change or stop them. You can change or stop your automatic contributions anytime through myOMERS or by completing the *AVC Automatic Contribution Registration Form*. You can also make a lump-sum payment to catch up on your contributions for the current year (see below).

There are, however, situations where OMERS will stop your automatic contributions:

1. If two consecutive pre-authorized debits are returned

If two consecutive pre-authorized debits (for your automatic contributions and/or a catch-up payment) cannot be processed by your financial institution, we will stop your pre-authorized debits.

2. When you retire or terminate employment with your OMERS employer

When your employer notifies us that you are no longer working, we will stop your automatic contributions for you. If you keep your pension in the OMERS Plan after leaving your employer, you can continue to participate in the AVC option.

3. If your contributions exceed the maximum permissible under the *Income Tax Act* (ITA)

Automatic contribution limits are in place to reduce the likelihood you will over-contribute. However, there are factors we cannot predict, such as an unexpected change to your contributory earnings or a leave of absence. After year-end, based on membership information provided by your employer, OMERS will confirm that your AVC contributions are appropriate given your actual contributory earnings, credited service and PA record. If your automatic contributions plus any catch-up payments for the year exceed the ITA maximum, your automatic contributions will be stopped and OMERS will refund the excess above the ITA maximum as a lump sum cheque, less the withholding tax.

► **Catch-up payments**

You can make a payment to catch-up on your automatic contributions for the current year. If you started automatic contributions partway through the year or you haven't been contributing your biweekly or monthly maximum for automatic contributions, you may be able to make a catch-up payment. Catch-up payments must be deposited in the same calendar year and can be made online through myOMERS or by completing the paper *AVC Catch-up Payment* form. Catch-up payments are not available through AVC Employer Payroll Deduction.

► **Questions**

For information about the AVC option, see the booklet *Consider the AVC Option* and the Terms of Participation, available online at www.omers.com, or contact OMERS Client Services - our specially trained staff can answer your questions.

Note: Only members who are resident in Canada can make automatic contributions or fund transfers to an AVC account. If you become a non-resident of Canada, your funds can stay in your AVC account but no further funds can be added.



AVC Automatic Contributions Registration Form

Use this form to start, change or stop automatic contributions to an AVC account through either pre-authorized debit or Employer Payroll Deduction. Please follow the instructions based on the manner of automatic contribution you wish to make.

OMERS employers have the option of providing AVC Payroll Deductions. Contact OMERS Client Services if you're unsure whether your employer provides this option.

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

For details, go to the *Additional Voluntary Contributions (AVCs)* section at www.omers.com.

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.

Did you know you can save time and set up your automatic contributions online with myOMERS - your contribution limits are provided specifically for you.

SECTION 1 - MEMBER INFORMATION

OMERS Membership Number*				Date of Birth (m/d/y)	
<input type="radio"/> Mr.	<input type="radio"/> Mrs.	<input type="radio"/> Ms.	First Name (full name required)	Middle Name	Last Name
<input type="radio"/> Other:					
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.

SECTION 2 - AUTOMATIC CONTRIBUTION OPTIONS

I currently make automatic contributions to my AVC account through:

☐ Pre-authorized debit ☐ Employer Payroll Deduction ☐ I am currently not making any automatic contributions

I would like to:

Pre-Authorized Debit	Instructions
<input type="checkbox"/> Start pre-authorized debit	Complete Sections 1, 2 & 3
<input type="checkbox"/> Change my pre-authorized debit amount/date	Complete Sections 1, 2 & 3
<input type="checkbox"/> Stop my pre-authorized debit and Start Employer Payroll Deduction	Complete Sections 1, 2 & 4
<input type="checkbox"/> Stop my pre-authorized debit	Complete Sections 1, 2 & 5

Employer Payroll Deduction	Instructions
<input type="checkbox"/> Start Employer Payroll Deduction	Complete Sections 1, 2 & 4
<input type="checkbox"/> Change my Employer Payroll Deduction Amount	Complete Sections 1, 2 & 4
<input type="checkbox"/> Stop my Employer Payroll Deduction and Start Pre-Authorized Debit	Complete Sections 1, 2 & 3
<input type="checkbox"/> Stop my Employer Payroll Deduction	Complete Sections 1, 2 & 5

"Stop & Start": If you are switching from one automatic contribution method to another (e.g., Pre-authorized Debit to Employer Payroll Deduction), you need to check **"Stop"** Pre-authorized Debit and **"Start"** Employer Payroll Deduction or vice versa. You cannot contribute under both methods at the same time.

SECTION 3 - PRE-AUTHORIZED DEBIT

Select one:

☐ Bi-weekly Contributions

or:

☐ Monthly Contributions

Amount of each bi-weekly debit

This amount will be withdrawn from your bank account every two weeks and deposited into your AVC account.

The amount must be between \$20.00 and your bi-weekly maximum (see chart on the cover page).

Date of first withdrawal (m/d/y)

Your AVC contributions will be withdrawn from your account on this day and every two weeks thereafter.

You must select a weekday. If the withdrawal date falls on a holiday, your contributions will be withdrawn on the next banking day.

Amount of each monthly payment

This amount will be withdrawn from your bank account every month and deposited into your AVC account.

The amount must be between \$40.00 and your monthly maximum (see chart on the cover page).

Day of withdrawal:

☐ First business day of month

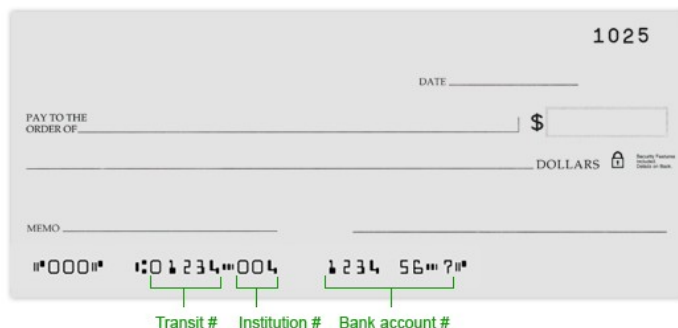
☐ Last business day of month

☐ Other (for example, 15th):

Your AVC contributions will be withdrawn from your account on this day each month. If the withdrawal date falls on a holiday, your contributions will be withdrawn on the next banking day.

Banking Information for Pre-authorized Debit

Complete the following or enclose a blank cheque marked "void". If you are changing your Pre-authorized Debit plan, complete this section **only** if your banking information has changed.



Name of Bank (<i>withdrawals can only be made from Canadian accounts</i>)			
Transit Number	Institution Number	Bank Account Number	
Address (street number and name)	City	Province	Postal Code

Acknowledgement and Authorization

I acknowledge by signing below, that as of the date indicated below, I have read the *Consider the AVC Option* guide, the *AVC Fact Sheet* and the Terms of Participation. I understand that the additional voluntary contribution provision is part of the OMERS Primary Pension Plan ("Primary Plan") and is subject to the conditions established by the OMERS Administration Corporation pursuant to Section 47 of the Primary Plan. I also understand that the Primary Plan and such related conditions may be pursuant to Section 47 of the Primary Plan. I also understand that the Primary Plan and such related conditions may be amended in the future in accordance with the *OMERS Act, 2006* and the *Pension Benefits Act* (Ontario). I confirm that, prior to signing below, I had the opportunity to obtain such independent financial advice as I considered appropriate.

If I'm switching from Employer Payroll Deduction to Pre-authorized Debit, I direct OMERS to stop my Employer Payroll Deduction and revoke my existing authorization provided to OMERS for that purpose.

Your Signature _____ Date (m/d/y) _____

Pre-authorized Debit (PAD) Authorization

Complete this page **only** if you are starting automatic contributions through Pre-authorized Debit.

Please complete and sign this Authorization to have automatic contributions withdrawn from your bank account.

I hereby authorize OMERS Administration Corporation ("OMERS") to draw payments from the account specified in Section 3 of the *AVC Automatic Contribution Registration Form* (the "Account") for the purpose of making additional voluntary contributions (AVCs) to the OMERS Primary Pension Plan. Such payments shall be drawn from the Account in accordance with the biweekly or monthly contributions option selected above. The debits authorized to be drawn hereunder are for personal purposes.

- I acknowledge that this Authorization is provided for the benefit of OMERS and the bank or other financial institution noted in Section 3 of the AVC Contribution Plan Form (the "Bank") and is provided in consideration of such Bank agreeing to process debits against the Account in accordance with the rules of the Canadian Payments Association.
- I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below and I certify that all information with respect to the Account is accurate. I agree to notify OMERS of any change to this information promptly, and in any event, at least 10 calendar days prior to the next due date of a debit.
- I understand that the Bank's treatment of each debit shall be the same as if I had issued a cheque authorizing the Bank to pay as indicated and to debit the amount specified to the Account. I confirm that this means, in part, that the Bank is not required to verify that the payments are drawn in accordance with this Authorization. I agree that should the Account be transferred to another branch of the Bank or in the event that the Account is closed and another account is opened at another bank, this Authorization shall have the same force and effect as if it had originally been directed to that branch or bank.
- I understand that this Authorization may be cancelled at any time upon notice being provided by me (the Account owner) in writing with proper authorization to verify my identity. I acknowledge that, in order to revoke this Authorization, I must provide notice of revocation to OMERS, and stop my bi-weekly or monthly AVC contributions, by completing an *AVC Automatic Contribution Registration Form*. Such notice shall be effective once it is processed in accordance with OMERS normal business practices, but in no event shall the notice be effective later than 30 calendar days after receipt. I may obtain an *AVC Automatic Contribution Registration Form* online at www.omers.com and further information on my right to cancel this Authorization may be obtained from my Bank or by visiting www.cdnpay.ca. I also understand that I have certain recourse rights if any debit does not comply with this Authorization. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my recourse rights, I may contact the Bank or visit www.cdnpay.ca.
- I agree to ensure that funds are available to cover the amount of the debit. If any pre-authorized payment withdrawal is not paid by the Bank when presented for payment, I understand that termination of my automatic contributions may occur. I acknowledge that OMERS shall not be liable for any additional charges incurred by the Bank or OMERS for any reason (e.g., account closed, NSF, etc.). All additional charges incurred by OMERS or the Bank shall be my responsibility and I agree to pay such charges.
- I understand that personal information contained in this Authorization is collected under the authority of the *Ontario Municipal Employees Retirement System Act, 2006, S.O. 2006, c.2, s. 35* and will be used to provide services relating to automatic Pre-authorized Debit of my identified Account for the purpose of administering automatic contributions to the AVC provision of the OMERS Primary Pension Plan. OMERS may be required to share this information with the bank or financial institution of OMERS and my Bank. I understand that I may contact OMERS at the address noted below to make any inquiries, obtain information or seek any recourse rights in respect of this Authorization, including questions relating to the collection of personal information.

OMERS Client Services, EY Tower, 900-100 Adelaide St W, Toronto, ON M5H 0E2 Telephone 416-369-2444 or 1-800-387-0813.

I agree to waive all pre-notification requirements in respect of all PADs drawn under this Authorization and I acknowledge that OMERS will not notify me in advance of any PAD.

Your Signature

Date (m/d/y)

Signature of Other Persons Required to Sign on the Account

Date (m/d/y)

SECTION 4 - EMPLOYER PAYROLL DEDUCTION

Automatic Contribution Details

This automatic contribution method is only available to members with an employer that has elected to provide AVC Employer Payroll Deduction.

Monthly Contribution

Amount of each monthly payroll deduction

- This amount will be deducted from your salary or wages by your employer once a month and forwarded to OMERS to be deposited into your AVC account.
- The amount must be between \$40.00 and your monthly maximum (see chart on the cover page).
- If you have insufficient funds, your employer will deduct \$0.

Acknowledgement and Authorization

I acknowledge by signing below, that as of the date indicated below, I have read the *Consider the AVC Option* guide, the *AVC Fact Sheet* and the Terms of Participation. I understand that the additional voluntary contribution provision is part of the OMERS Primary Pension Plan ("Primary Plan") and is subject to the conditions established by the OMERS Administration Corporation pursuant to Section 47 of the Primary Plan. I also understand that the Primary Plan and such related conditions may be pursuant to Section 47 of the Primary Plan. I also understand that the Primary Plan and such related conditions may be amended in the future in accordance with the *OMERS Act, 2006* and the *Pension Benefits Act* (Ontario). I confirm that, prior to signing below, I had the opportunity to obtain such independent financial advice as I considered appropriate.

If I'm switching from Employer Payroll Deduction to Pre-authorized Debit, I direct OMERS to stop my Employer Payroll Deduction and revoke my existing authorization provided to OMERS for that purpose.

I authorize my employer to deduct at source from my salary or wages the monthly contribution amount indicated in this form. I understand that this amount will be deducted from my salary or wages once a month at a date determined by my employer. I also agree and acknowledge that OMERS Administration Corporation may communicate and deal with my employer on my behalf in connection with automatic contributions to my AVC account through the AVC Employer Payroll Deduction Option. I acknowledge that OMERS Administration Corporation and my employer may collect personal information about me, including my Social Insurance Number, and use and disclose this information in order to administer the AVC Employer Payroll Deduction Option. I hereby consent to the collection, use and disclosure of my personal information for such purpose.

Your Signature

Date (m/d/y)

SECTION 5 - STOP AUTOMATIC CONTRIBUTIONS

Pre-authorized Debit

- ☐ I am directing OMERS to stop my Pre-authorized Debit and revoke my PAD Authorization for making bi-weekly or monthly Additional Voluntary Contributions to the OMERS Primary Plan.

Employer Payroll Deduction

- ☐ I am directing OMERS to stop my Employer Payroll Deduction and revoke my existing authorization provided to OMERS for that purpose.

Your Signature

Date (m/d/y)