



# Member Verification Certificate

I confirm my personal information below is accurate and that I am currently receiving my monthly OMERS pension payments.

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Name (please print)

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Reference number

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Signature (you must physically sign the document; electronic and digital signatures will not be accepted)

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Date

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Phone number

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Email address

**Note:** If the member is unable to sign, their Power of Attorney(s) (POA(s)) may sign this form below. Please include a copy of the POA documents if you have not previously provided them. It is important to note that where your appointed attorneys are required to act jointly, **all** attorneys must sign the Member Verification Certificate.

For POA documents executed outside of Canada, please provide OMERS with the POA document accompanied by a letter from a lawyer licensed to practise in the jurisdiction where the POA was executed confirming that the POA document is valid. Foreign language documents must be translated to English or French.

By signing the Member Verification Certificate, I/we confirm that the member is currently receiving their monthly pension payments through OMERS and that all personal information is up to date and accurate.

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Member's name (please print)

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Reference number

## Power of attorney

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Name (please print)

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Name (please print)

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Signature

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Signature

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Phone number

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Phone number

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Email address

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Email address

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Date

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Date