OMERS

Authorization for Disclosure of Personal Information

Use this form to provide OMERS with consent to disclose your personal information to your employer for reasons other than pension plan administration. You can withdraw your consent at any time by contacting OMERS.

Your employer is required to keep a copy of this form.

To help us serve you better, submit your documents quickly and securely using your myOMERS account. Go to secure communications, start a new conversation, attach your files, and submit.

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.

MEMBER CONSENT

I am currently employed by _____

and understand that from time to time my employer may request disclosure from OMERS of my personal information for reasons other than pension plan administration. This personal information may include demographic information, hire date, enrolment date, unreduced early retirement date, normal retirement date, and all service information (including with my employer and past employers). I understand that my employer may use this personal information for workforce and succession planning purposes.

In addition, where my employer's benefit plans integrate with OMERS (for example, where there is an offset to a long term disability plan or where an insurance benefit is a multiple of my pension), my employer may require pension information to allow them to administer those plans in accordance with their terms.

I authorize OMERS to disclose to my employer any of the personal information above, as may be requested by my employer from time to time. I understand that I may withdraw such authorization at any time by contacting OMERS.

SIGNED AT _____ on _____

City/Province Date

_____

Member signature

_____

Member name (please print)