



Changing information (retired member/survivor)

Use this form if you are a retired OMERS member or survivor and want to change your information on file.

IMPORTANT: If you participate in the AVC Income Option, you cannot make any banking changes to the direct deposit instructions for your AVC account using this form. Please complete the AVC Income Option direct deposit 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.

SECTION 1 - CURRENT INFORMATION (MANDATORY)

OMERS Membership Number*/Social Insurance Number				Date of Birth (m/d/y)		
First Name		Middle Name		Last Name		
Apt/Unit	Address			City	Province	Postal Code
Home Number		Mobile Number		Email		

*Your membership/reference number appears on any personalized statement from OMERS.

SECTION 2 - NEW INFORMATION (Complete only the information that has changed)

Check all that apply and fill in the necessary information.

Name/address change

If you receive your pension payment by direct deposit, you can also change your address by contacting OMERS at the phone number on page 2. We cannot accept notice of these changes by email.

First Name		Middle Name		Last Name		
Apt/Unit	Address			City	Province	Postal Code
Home Phone		Cell Phone		Email		Effective Date of Change (m/d/y)

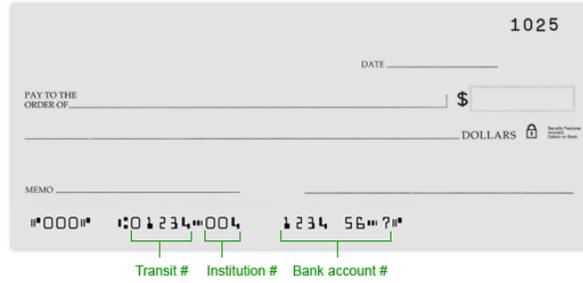
Banking information change

Please complete the following banking information (see sample on next page) OR attach a void cheque. For your protection, OMERS will not accept changes to your banking information over the telephone.

Bank Name				
Address		City	Province	Postal Code
Transit Number		Institution Number		Bank Account Number

TIP: Keep your old account open until the deposit actually goes into your new account, in case we don't receive your new information in time for your next monthly payment.

Banking information change - cont'd



Tax deduction change

Please take **more** income tax off my monthly OMERS pension payment.

Additional Tax Amount

Please take **less** income tax off my monthly OMERS pension payment.
(This option applies only if OMERS is already withholding **additional** tax.)

Additional Tax Amount

SECTION 3 - AUTHORIZATION (OMERS must have your signature to process these changes)

Member's Signature _____ Date (m/d/y) _____

Check the box that applies to you:

I am the retired member or survivor.

I hold power of attorney or guardianship for property for the retired member (OMERS must have proof of power of attorney or guardianship on file).