OMERS

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.

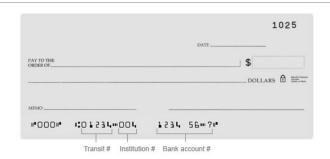
Providing OMERS with your personal information is considered consent for its use and disclosure for the purposes set out in our Privacy Statement, as amended from time to time. You can find out more about our collection, use, disclosure and retention of personal information by reviewing our Privacy Statement at www.omers.com.

SECTION 1 - 0	CURRENT INFOR	MATION (MANDATO	RY)								
OMERS Membership Number*/Social Insurance Number Date of Birth (m/d/y)											
First Name Midd				iddle Name			Last Name				
Apt/Unit	Address				City			Province		Postal Code	
Home Number Mobile Number											
*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 Number	ome Number Mobile Number			Email				Effective Date of Change (m/d/y)			
Banking information change Please complete the following banking information (see sample on next page) AND attach a void cheque.											
Bank Name											
Address					City		Province	<u> </u>	Postal Code		
Transit Number Institution Num			umber	nber			Bank Account Number			1	
		 the deposit actually go our next monthly paym		new acco	ount. This w	ıll he	lp avoid disrupt	ions in pa	ymen	ts in case we don't receive	

OMERS

OMERS Membership Number/Social Insurance Number

Banking information change - cont'd



Tax deduction change

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

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
\$
Additional Tax Amount

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

I hereby confirm that the information that I have provided on this form is accurate and complete. If I have provided updated banking information in Section 2 of this form, I agree that I want OMERS to automatically deposit my OMERS pension payment directly into the specified account at the bank or other financial institution I have indicated.

If the banking information that I have provided is inaccurate and/or incomplete, I understand and acknowledge that OMERS will not be responsible for any pension payments that cannot be recovered and will not provide a refund or replacement payments.

Member's Signature

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).