OMERS

Direct transfer of a single amount - Canada Revenue Agency

Use this form to record your OMERS benefit transfer to a registered pension plan (RPP), locked in retirement account (LIRA), life income fund (LIF), registered retirement savings plan (RRSP), or registered retirement income fund (RRIF).

Complete Area I. You must complete a separate form for each RPP, LIRA/LIF, or RRSP/ RRIF – please make a copy of this form, if necessary. If a portion of your transfer is locked in and a portion is not locked in, each portion must go to a different account.

OMERS will complete Area II on page 2 and forward the form to the financial institution or RPP to which you are transferring your benefit. After the funds are transferred, the financial institution or RPP will complete Area III and send you a copy for your records.

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.

AREA I APPLICATION FOR A DIRECT TRANSFER FROM AN RPP (to be completed by applicant)

Refer to your OMERS *Pension Options* form for transfer options available to you upon termination of employment.

Social Insurance Number	OMERS Membership Number*	Phone

First Name	Middle Name	Last Name

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.*

Person requesting transfer: *(please check one)*

- ☐ I am a member of the OMERS Primary Pension Plan, a registered pension plan (RPP).
- ☐ I am a spouse or common-law partner, requesting a transfer due to the death of a member of the OMERS Primary Pension Plan.
- ☐ I am a spouse or common-law partner, requesting a transfer because of a breakdown of my marriage or common-law partnership with the member of the OMERS Primary Pension Plan.

I request the direct transfer of: (*please check one*)

- ☐ Commuted value benefit (within maximum limits, if applicable)
- ☐ Refund of contributions plus interest (not locked in)
- ☐ Refund of excess contributions (not locked in)
- ☐ Refund of pre-1987 contributions (not locked in)
- ☐ Transfer value of OMERS pension (to another pension plan)
- ☐ Commuted value (spousal survivor pension)

Description of amount to be transferred: (*please check one*)

- ☐ Please transfer my whole entitlement under the OMERS Primary Pension Plan.
- ☐ Please transfer $ _____ , which is my partial entitlement under the OMERS Primary Pension Plan.

From: OMERS, EY Tower, 900 -100 Adelaide St W, Toronto, ON M5H 0E2 (Registered pension plan number: 0345983)

To: *(please check and complete one)*

☐ Registered Pension Plan	☐ LIRA or LIF (locked in)	☐ RRSP or RRIF (not locked in)
Registered Pension Plan Number	Account Number	Account Number

OMERS

Social Insurance Number or Membership Number

Name of financial institution providing the RRSP or LIRA or the registered pension plan (RPP) administrator			
Address	City	Province	Postal Code
Contact Name		Phone	

Applicant's Signature

Date (m/d/y)

AREA II CERTIFICATION BY TRANSFEROR (to be completed by OMERS)

We confirm that $ _____ represents the applicant's ☐ whole or ☐ partial entitlement in the OMERS Primary Pension Plan.

We certify that this amount is transferred according to one of subsections 147.3 (1) to (8) and the Ontario *Pension Benefits Act* lock-in provision ☐ **applies** ☐ **does not apply** to this amount and the earliest retirement date under plan rules is when the member turns _____ years of age.

I certify that this information is, to the best of our knowledge, correct and complete.

Name of transferor OMERS	Signature of Administrator	
Title		Date (m/d/y)

AREA III CERTIFICATION OF RECEIVING PLAN (to be completed by receiving plan)

To be completed by financial institution, trustee or administrator *after* the funds are transferred.

We acknowledge receipt of $ _____ and certify that the funds will be credited to the *Income Tax Act* registered account below. We will administer locked-in amounts as directed herein: *(please check one):*

☐ The applicant's account as a member of the RPP identified in Area I.

☐ The applicant's LIRA, LIF, RRSP, or RRIF identified in Area I.

I certify that this information is, to the best of my knowledge, correct and complete.

Name of LIRA/LIF or RRSP/RRIF issuer, or RPP administrator
Title

Signature of Authorized Signing Officer

Date (m/d/y)