OMERS

U.S. direct deposit request

Use this form to have your OMERS pension payment deposited directly to your U.S. chequing account. To qualify, please confirm your U.S. residency in Section 2.

Your monthly pension payment will be converted into U.S. funds at the exchange rate in place at the time of deposit to your U.S. account.

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 MEMBER INFORMATION

OMERS Membership Number*	Social Insurance Number/SSN	Date of Birth (m/d/y)

First Name	Middle Name	Last Name

Apt/Unit	Address	City	Province/State	Postal Code/Zip Code

Country	Home Number	Mobile Number

Email

**Your membership number appears on your Pension Report or any personalized statement from OMERS.*

SECTION 2 RESIDENCY CONFIRMATION

If you are a U.S. citizen, or a U.S. Social Security Card holder, please check the appropriate box, and provide the number that appears on your card.

☐ Certificate of Naturalization	U.S. Certificate of Naturalization Number
☐ U.S. Social Security Card	U.S. Social Security Card Number

SECTION 3 BANKING INFORMATION

Please enclose a cheque marked “void” and the following banking information:

Name of Bank			
Routing Number	Chequing Bank Account Number		
Address	City	State	Zip Code

Note: OMERS is only able to offer direct deposit to U.S. chequing accounts.

Effective Date: Date (m/d/y)

Due to payment deadlines, the change may not take effect until the next available monthly pension payment.

SECTION 4 AUTHORIZATION

I confirm that the information on this form is correct.

Member's Signature

Date (m/d/y)