OMERS

Direction to administrator

Required *Pension Benefits Act* form for a locked-in commuted value transfer

Use this Ontario *Pension Benefits Act* (PBA) form to transfer the commuted value of your OMERS benefit to a locked-in RRSP, LIRA, annuity or registered pension plan (RPP).

Complete Sections 1, 2 and 3. The financial institution or pension plan to which you are moving your benefit completes Section 4.

Section 4 must be completed *before* we can process your transfer.

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 APPLICANT INFORMATION

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		

SECTION 2 DIRECTION

Pursuant to Section 42 of the Ontario *Pension Benefits Act* (PBA) I am transferring part or all of the commuted value of my pension.

From: OMERS, EY Tower, 900 -100 Adelaide St W, Toronto, ON M5H 0E2

To: (*please check and complete one of the following)*

☐ **Registered Pension Plan**

Name of Pension Plan			
Address	City	Province	Postal Code
Phone	Provincial or Federal registration number (if any)	CCRA registration number (if any)	

☐ **Locked-in RRSP or LIRA**, established under the *Income Tax Act* of Canada

Name of Financial Institution providing the RRSP or LIRA		RRSP or LIRA account number	
Address	City	Province	Postal Code

☐ **Annuity** (The insurance company below will purchase a life annuity which conforms with the PBA and the regulation made under the PBA, payment of which will not occur before the earliest date the member would have been entitled to receive a pension coincident with the benefit transferred from OMERS.)

Name of Insurance Company			
Address of Branch of the Insurance Company Paying the Annuity	City	Province	Postal Code

OMERS

Social Insurance Number

SECTION 3 APPLICANT'S SIGNATURE

By signing below, I certify that I am a former member of OMERS and I am entitled to a deferred pension from OMERS.

I terminated employment on: Termination Date (m/d/y)

Applicant's Signature | Date (m/d/y)

Signature of Witness | Date (m/d/y)

SECTION 4 CERTIFICATION OF RECEIVING PLAN

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

I, Administrator's Name certify that I am the administrator of Name of Financial Institution

I consent to accept the transfer of the commuted value of the pension of Applicant's Name from OMERS.

I consent to administer the transferred funds in accordance with the Ontario *Pension Benefits Act* and the regulations under it, as the same may be amended from time to time.

Signature of Administrator | Date (m/d/y)