



Changing deferred member information

Use this form to change your information on file.

Mail/fax the completed and signed form to the contact information below. If you fax it, do not mail the original.

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.

**Did you know you can change your address online with myOMERS.
Register quickly and easily at www.omers.com.**

SECTION 1 - MEMBER'S CURRENT INFORMATION (MANDATORY)

OMERS Membership Number*		Social Insurance Number		Date of Birth (m/d/y)	
<input type="radio"/> Mr. <input type="radio"/> Other:	<input type="radio"/> Mrs. <input type="radio"/> Ms.	First Name	Middle Name	Last Name	

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

SECTION 2 - MEMBER'S NEW INFORMATION - Complete only the information that has changed

<input type="radio"/> Mr. <input type="radio"/> Other:	<input type="radio"/> Mrs. <input type="radio"/> Ms.	First Name	Middle Name	Last Name	
Apt/Unit	Address		City	Province	Postal Code
Phone		Email			

Language Preference: English French

SECTION 3 - AUTHORIZATION

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