



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*.

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.

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

SECTION 1 - CURRENT INFORMATION (MANDATORY)

OMERS Membership/Reference 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	
Apt/Unit	Address		City	Province	Postal Code
Phone		Email			

*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 Client Services at the phone number above. We cannot accept notice of these changes by e-mail.

<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		Effective Date of Change (m/d/y)	

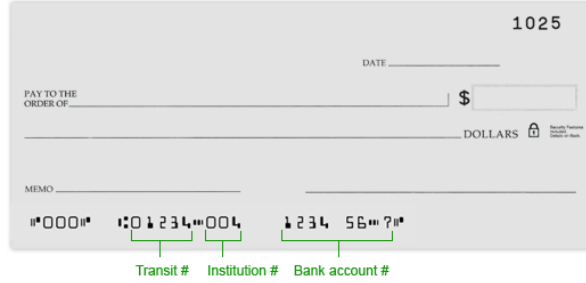
Banking information change

Please complete the following banking information (see sample on next page) OR attach a void cheque. For your protection, OMERS will not accept changes to your banking information over the telephone.

Bank Name				
Address		City	Province	Postal Code
Transit Number		Institution Number	Bank Account Number	

TIP: Keep your old account open until the deposit actually goes into your new account, in case we don't receive your new information in time for your next monthly payment.

Banking information change - cont'd



Tax deduction change

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

Additional Tax Amount

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

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

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

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.)