



# Claim for former spouse pension

Use this form to provide OMERS with your personal, address and banking information. We need this information to administer a division of the member's pension directly to you (the former spouse). Please complete:

- Section 1 (to the best of your ability); if you received a Form 4E statement from OMERS some member information is on Parts A & C;
- Sections 2, 3 and 4.

Mail/fax the completed signed form and necessary documents 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](http://www.omers.com).

## SECTION 1 - MEMBER INFORMATION

OMERS Membership Number*		Date of Birth (m/d/y)		Phone	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:		First Name	Middle Name	Last Name	
Apt/Unit	Address	City	Province	Postal Code	
Date of marriage:		Date (m/d/y)	Date of separation:		Date (m/d/y)

\*The membership number appears on any personalized statement from OMERS.

## SECTION 2 - FORMER SPOUSE INFORMATION

Social Insurance Number		Date of Birth (m/d/y)		Phone	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:		First Name	Middle Name	Last Name	
Apt/Unit	Address	City	Province	Postal Code	

We will send you (the former spouse) all your correspondence and your annual statement of pension income – T4A slip – directly to your mailing address.

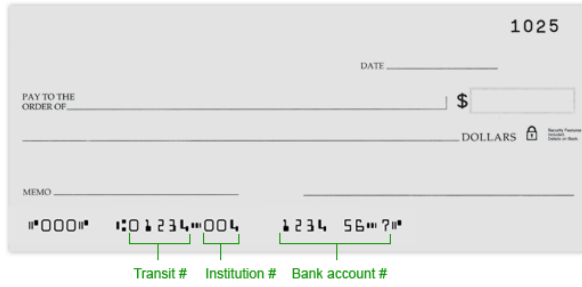
## SECTION 3 - DIRECT DEPOSIT INFORMATION

Please provide us with your current banking information (see sample on next page) so that we can deposit your pension payments directly into your bank account. We also ask that you enclose a personal cheque for this bank account marked "Void".

Name of Bank			
Transit Number	Institution Number	Bank Account Number	
Address (street number and name)		City	Province    Postal Code

This authorization will remain in effect until you amend or cancel it in writing.

## SECTION 3 - DIRECT DEPOSIT INFORMATION - cont'd



The form is a grey rectangular box containing fields for direct deposit information. At the top right is the number '1025'. Below it is a 'DATE' field with a line for input. To the left is a 'PAY TO THE ORDER OF' field with a line for input. To the right of this is a '\$' symbol and a box for the amount. Below the amount box is the word 'DOLLARS' and a small icon. Below this is a 'MEMO' field with a line for input. At the bottom, there are three MICR lines with green brackets underneath. The first bracket is labeled 'Transit #' and covers the first 10 digits. The second bracket is labeled 'Institution #' and covers the next 10 digits. The third bracket is labeled 'Bank account #' and covers the final 10 digits.

## SECTION 4 - AUTHORIZATION

I confirm that the information on this form is correct.

\_\_\_\_\_  
Former Spouse Signature

\_\_\_\_\_  
Date (m/d/y)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date (m/d/y)