



Updating employer information

Use this form to provide OMERS with your updated employer contact information. Please complete the Sections that apply (1, 2 and 3), and sign in Section 4.

Send the completed and signed form to OMERS, by mail or fax. If you fax it, **do not** also mail the original.

Personal information is collected for pension administration purposes by OMERS under the authority of Section 35 of the *OMERS Act, 2006*. OMERS does not share personal information with any other person for any purpose other than pension plan administration.

Any questions regarding the collection of personal information should be directed to OMERS Client Services at 1-800-387-0813.

1. EMPLOYER INFORMATION

Group number		Employer name			
Address (street number and name)			City	Province	Postal code
Main telephone number ()	Fax number ()	E-mail			

2. E-ACCESS SIGNING OFFICER(S)

This is the person who has the authority to register OMERS e-access users and to change their user roles. The e-access signing officer must be a senior management official (i.e., manager or above). For more information about e-access, visit www.omers.com.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Last name	First name	Middle name		
Title					
Address (street number and name)			City	Province	Postal code
Telephone number ()	Fax number ()	E-mail			

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Last name	First name	Middle name		
Title					
Address (street number and name)			City	Province	Postal code
Telephone number ()	Fax number ()	E-mail			

3. FORM 119 CONTACT

This is the main contact for your Form 119 (annual reporting). If you have any questions as to who should sign this form, please contact Employer Services.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Last name	First name	Middle name		
Title					
Address (street number and name)			City	Province	Postal code
Telephone number ()	Fax number ()	E-mail			

4. AUTHORIZATION

By signing below, I certify that I am a duly authorized senior management official (i.e., manager or above). I have been properly delegated the legal authority to change my employer's contact information and to delegate the duties listed above.

Note: If you have any questions as to who should sign this form, please contact Employer Services. Please note it is the responsibility of the employer to provide OMERS with updated contact information.

Senior management official's name (please print)		Title
Signature of senior management official	Date (m/d/y)	