



Claim for former spouse pension

This form provides OMERS with the personal, address and banking information of a member's former spouse. We need this to send a portion of the member's OMERS pension directly to the former spouse.

Please complete sections 2, 3 and 4. Once the form is completed and signed, please send it, with the necessary documents, to OMERS, **One University Avenue, Suite 700, Toronto, Ontario M5J 2P1** or fax it to us at **416-369-9704**, toll-free fax: **1-877-369-9704**. If you fax it, please do **not** mail the original.

The section to be completed by OMERS

1. MEMBER INFORMATION

Social insurance number		Birth date (yy/mm/dd)		OMERS membership number			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		Last name		First name		Middle name	
Address (street number and name)				City		Province	Postal code
Daytime telephone ()		Date of marriage –		Date (yy/mm/dd)		Date of separation –	

These sections to be completed by the former spouse

2. FORMER SPOUSE INFORMATION

Social insurance number		Birth date (yy/mm/dd)					
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		Last name		First name		Middle name	
Address (street number and name)				City		Province	Postal code
Daytime telephone ()							

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

3. DIRECT DEPOSIT INFORMATION

Please provide us with your current banking information 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 and address of bank		
Transit number	Bank number	Bank account number

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

4. AUTHORIZATION

I confirm that the information on this form is correct.

Signature of former spouse		Date (yy/mm/dd)		Signature of witness		Date (yy/mm/dd)	

FOR OMERS USE ONLY

OMERS membership number

