



Direction to administrator

required *Pension Benefits Act* form for a locked-in commuted value transfer

Use this Ontario *Pension Benefits Act* (PBA) form to transfer the commuted value of your OMERS benefit to a locked-in RRSP, LIRA, annuity or registered pension plan (RPP).

Complete part A, B and C. The financial institution or pension plan to which you are moving your benefit completes part D.

Part D must be completed before we can process your transfer. Return the completed form, with your application form and any other required documents, to **OMERS, One University Avenue, Suite 1000, Toronto, Ontario M5J 2P1** or fax it to us at **416-369-9704**. If you fax it to us do not send the original.

PART A: APPLICANT INFORMATION (to be completed by applicant)

Applicant's last name		First name		Initial	
Address (street number and name)			City	Province	Postal code
Daytime telephone ()		Social Insurance Number			

PART B: DIRECTION (to be completed by applicant)

Pursuant to Section 42 of the Ontario *Pension Benefits Act* (PBA) I am transferring part or all of the commuted value of my pension.

From: OMERS, One University Avenue, Suite 1000, Toronto Ontario M5J 2P1

To: (please check and complete one of the following)

Registered Pension Plan

Name of pension plan					
Address of pension plan administrator (street number and name)			City	Province	Postal code
Daytime telephone ()		Provincial or Federal registration number (if any)		CCRA registration number (if any)	

Locked-in RRSP or LIRA, established under the *Income Tax Act* of Canada

Name of financial institution providing the RRSP or LIRA			RRSP or LIRA account number		
Address (street number and name)			City	Province	Postal code

Annuity (The insurance company below will purchase a life annuity which conforms with the PBA and the regulation made under the PBA, payment of which will not occur before the earliest date the member would have been entitled to receive a pension coincident with the benefit transferred from OMERS.)

Name of insurance company					
Address of branch of the insurance company which will be paying the annuity (street number and name)			City	Province	Postal code

PART C: APPLICANT'S SIGNATURE (to be completed by applicant)

By signing below, I certify that I am a former member of OMERS and I am entitled to a deferred pension from OMERS.

I terminated employment on:

Termination date (yy/mm/dd)

Applicant's signature	Date (yy/mm/dd)	Signature of witness	Date (yy/mm/dd)

PART D: CERTIFICATION OF RECEIVING PLAN (to be completed by receiving plan)

To be completed by the financial institution, trustee or administrator before the funds are transferred.

I,

Administrator's name

 certify that I am the administrator of

Name of financial institution

I consent to accept the transfer of the commuted value of the pension of

Applicant's name

 from OMERS.

I consent to administer the transferred funds in accordance with the Ontario *Pension Benefits Act* and the regulations under it, as the same may be amended from time to time.

Signature of administrator	Date (yy/mm/dd)