



# 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 Sections 1, 2 and 3. The financial institution or pension plan to which you are moving your benefit completes Section 4.

**Section 4 must be completed before we can process your transfer.**

Mail/fax the completed form, with your application form and any other required documents, to the contact information below. If you fax it, do not mail the original.

Any personal information provided on this form may be used to update your membership profile.

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 - APPLICANT INFORMATION

Social Insurance Number				Date of Birth (m/d/y)		
<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
Home Number		Mobile Number		Email		

## SECTION 2 - DIRECTION

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, 900 -100 Adelaide St W, Toronto, ON M5H 0E2**

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

**Registered Pension Plan**

Name of Pension Plan				
Address		City	Province	Postal Code
Phone	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		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 Paying the Annuity		City	Province	Postal Code

## SECTION 3 - APPLICANT'S SIGNATURE

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 (m/d/y)

Applicant's Signature

Date (m/d/y)

Signature of Witness

Date (m/d/y)

## SECTION 4 - CERTIFICATION OF 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 (m/d/y)