



AVC Employer Payroll Deduction Election Form

Use this form to register your organization (the "employer") to provide your employees who are OMERS members with the option to make automatic contributions to the AVC provision of the OMERS Primary Pension Plan through payroll deduction ("AVC Employer Payroll Deduction Option"). Before signing this form please read the *AVC Employer Payroll Deduction Roles and Responsibilities* document.

Please complete an *AVC Employer Payroll Deduction Contact Form* and send it along with this form.

Mail/fax the completed and signed forms 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.

SECTION 1 - EMPLOYER INFORMATION

Group Number	Employer Name			
Suite/Unit	Address	City	Province	Postal Code

SECTION 2 - PARTICIPATION EFFECTIVE DATE

AVC Payroll Deduction Effective Date (m/d/y)

SECTION 3 - METHOD OF REMITTANCE TO OMERS

Please choose **one** of the following:

Electronic Funds Transfer (EFT)

EFT Employer Contact:

Name	Title		
Phone	Email		

OMERS will email set-up instructions to the EFT contact.

National Direct Deposit Service (NDDS)

Include the *AVC Employer Payroll Deduction Direct Deposit (NDDS) Registration Form* (located in the Employer/Form section of the OMERS website) with this form.

Group Number

SECTION 4 - ACKNOWLEDGEMENT AND VERIFICATION

I acknowledge, by signing below, that as of the date indicated below, I have read the *AVC Employer Payroll Deduction Roles and Responsibilities* document. I understand that the Additional Voluntary Contribution provision is part of the OMERS Primary Pension ("Primary Plan") and is subject to the conditions established by the OMERS Administration Corporation pursuant to Section 47 of the Primary Plan.

I also understand that the Primary Plan and such related conditions may be amended in the future in accordance with the *OMERS Act, 2006* and the *Pension Benefits Act (Ontario)*.

I verify that I am duly authorized, on behalf of the employer, to register for the AVC Payroll Deduction Option.

Name of Authorizing Person		Title
Phone	Email	

Signature of Authorized Signing Officer _____ Date (m/d/y) _____

This form must be signed by either a senior management official (e.g., manager, director, superintendent, treasurer, etc.) for your organization who is currently listed on OMERS records or the OMERS agent.