



Personal Change Form

1 Tell Us About You (Please Print)

Social Insurance Number: _____ **!** Please proceed to next field using the Tab button

Last Name: _____ First Name & Initial: _____

Birthdate (dd/mm/yyyy): / / _____

Primary Phone Number: _____ Email Address: _____

Mailing Address: _____

City/Town/Village: _____ Province: _____ Postal Code: _____

2 Change in Data

Change in Name	Date Effective:
	_____ / _____ / _____ day month year
From: _____ Last Name	_____ First Name
To: _____ Last Name	_____ First Name

! Please attach appropriate acceptable documentation: original or certified copy of change of name, divorce, marriage, birth or death certificate.

Change in Address	Date Effective:
	_____ / _____ / _____ day month year
From: _____ Suite #, Street #, PO Box #	_____ City/Town/Village _____ Province, Country _____ Postal Code
To: same as in Step 1; or	
_____ Suite #, Street #, PO Box #	_____ City/Town/Village _____ Province, Country _____ Postal Code

Change in Spousal Relationship	Date Effective:
	_____ / _____ / _____ day month year
You may wish to review your designation of beneficiary.	
From: Single Legally married Divorced Common-law Widowed	
To: Single Legally married Divorced Common-law Widowed	

! Please attach appropriate acceptable documentation: declaration of common-law relationship, original or certified copy of divorce, marriage, or death certificate.

3 Sign and Date

Signature of Member _____ Date: _____ / _____ / _____
day month year