

## PERSONAL CHANGE FORM

Social Insurance Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name &amp; Initial: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### CHANGE IN SPOUSAL RELATIONSHIP

Date Effective (day/month/year): \_\_\_\_\_

From: \_\_\_\_\_

Single	Legally Married	Divorced
Common-law	Widowed	

To: \_\_\_\_\_

Single	Legally Married	Divorced
Common-law	Widowed	

### CHANGE IN NAME

Date Effective (day/month/year): \_\_\_\_\_

From Last Name: \_\_\_\_\_

To Last Name: \_\_\_\_\_

From First Name: \_\_\_\_\_

To First Name: \_\_\_\_\_

For change in name and/or spousal relationship, please attach appropriate acceptable documentation: declaration of common-law relationship, original or copy of marriage, or death certificate; original or certified copy of divorce certificate.

You may wish to review your designation of beneficiary when a change in spousal relationship occurs.

### CHANGE IN ADDRESS

Date Effective (day/month/year): \_\_\_\_\_

From: \_\_\_\_\_

Suite #, Street #, PO Box # \_\_\_\_\_

City, Town, Village \_\_\_\_\_

Province, Country \_\_\_\_\_

Postal Code \_\_\_\_\_

To: \_\_\_\_\_

Suite #, Street #, PO Box # \_\_\_\_\_

City, Town, Village \_\_\_\_\_

Province, Country \_\_\_\_\_

Postal Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Member\_\_\_\_\_  
Date(day/month/year)