



# CHAMBER PENSION PLAN

## CHANGE OF MEMBER INFORMATION

Name    Member No   
Last First Middle

Please provide new or updated information below: (attach documentation if relevant i.e. marriage licence or divorce decree)

Name    Date of Birth     
Last First Middle Day Month Year

Change due to  Marriage  Incorrect information on file  Other

Local Address    Telephone   
Box Post Code District

Foreign Address  Marital Status  Married  Single

Email Address  Other Changes

### BENEFICIARY

I hereby designate the person(s) named below as my beneficiary(ies) for purposes of the Chamber Pension Plan. I acknowledge that this designation will have no effect if I have a spouse on my date of death. This designation revokes any prior beneficiary designations, for the Chamber Pension Plan, made by me.

Add	Remove	Last Name	First Name	Mid Initial	Day	Date of Birth		Relationship
						Month	Year	
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

Signature   
(as appears on passport)

Date     
Day Month Year