



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