

# Change of member information



Return to Great-West Life, Group Retirement Services 330 University Avenue, Toronto, ON M5G 1R8

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The policy is issued by London Life Insurance Company, a subsidiary of Great-West.

EMPLOYER/PLAN SPONSOR INFORMATION							
Name of er	mployer/plai	n sponsor		Policy/plan number			
ENGINEERS CANADA					35408		
MEMBER	INFORMA	TION (please pi	int)				
Last name		Ir	itial	First name	Certificate / Social insurance number		
Business telephone number					Home telephone number		
(	)	-	Ext.		( ) -		

### IMPORTANT

- If the member's name has changed complete Part A
- If an existing beneficiary's name has changed complete Part B (to change your beneficiary or to designate a new beneficiary, please complete the Designation of revocable beneficiary/trustee appointment form)
- If the member's address has changed complete Part C
- For RPP's only, if the member's province of employment has changed complete Part D
- For RPP's only, if the member's spousal information has changed complete Part E (if the member is also designating the new spouse as their beneficiary, this change form is not required – complete the Designation of revocable beneficiary/trustee appointment form)

#### PART A – CHANGE OF MEMBER NAME

The member's name has changed from:

#### Reason for change:

to:\_\_\_\_\_

	oon on onangoi
	The member has married.
	The member is returning to her maiden name.
	The name of the member is incorrectly shown on Great-West Life's records.
	The name of the member has been legally changed.
	The member's legal name is
	but the member is commonly known by the name indicated above.
$\square$	Other

## PART B – CHANGE OF BENEFICIARY NAME AND/OR RELATIONSHIP TO MEMBER

Please note that this is to change the name of an <u>existing</u> beneficiary only. If you are changing your beneficiary or a new beneficiary is being designated please complete the Designation of revocable beneficiary/trustee appointment form.

The beneficiary's name has changed from:

to:

The beneficiary's relationship to the Member has changed

from:			

\_\_\_\_\_

to:

## Change of member information (continued)

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PART C – CHANGE OF MEMBER ADDRESS						
New address (apt. no., street no., street, city,	province and postal code)	Internet address				
New phone number ( ) -						
PART D – CHANGE OF MEMBER PROVINCE O	F EMPLOYMENT (RPP's only)	4				
This section is applicable to Registered Pens	ion Plans only.					
	ve named member reports to work in					
yyyy mm dd PART E – CHANGE OF SPOUSAL INFORMATIO	ON (RPP's only)	indicate province				
	, <i>,</i>					
This section is applicable to Registered Pens	ion Plans only.					
New spousal information is as follows:						
the member no longer has a spouse; or,						
the new spouse is:		Male .				
Last name	Initial F	irst name				
Note: if the member is also designating the new spouse as their beneficiary, this change form is not required – complete the <i>Designation of revocable beneficiary/trustee appointment</i> form.						
PART F – AUTHORIZATION						
Member authorization (Required for Parts	A, B, C and E)					
I request that Great-West Life adjust my mem	ber records as indicated in Part A, B,	C and/or E above.				
Date Men	nber's signature					
	J					
Employer/plan sponsor authorization (Rec	uired for Part D)					
I request that Great-West Life adjust the above	ve member's province of employment	as indicated above.				
DateSign	ature					
	Signature of employer/plan sp	onsor by authorized person				