

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:_____

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	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				