

MEMBER INFORMATION CHANGE

Instructions

- ▶ Please use this form to notify the CSS Pension Plan of a change of address, marital status and/or name.
- ▶ Complete Section A, then complete the appropriate section(s) regarding the information that has changed.
- ▶ Sign and date Section E, and return the form and any required documentation via email, fax or mail to the address above.

Section A: Member information (required)

Date: (dd/mm/yyyy)	Date of birth: (dd/mm/yyyy)	Member ID or Social Insurance Number:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Member name (Member name currently on file at CSS Pension Plan)					
Last name:		Legal first name and initial:			
<input type="text"/>		<input type="text"/>			
Contact information					
Mailing address:	Apt/Unit number	Street or PO Box number	City/Town	Province	Postal code
Email address:		Email type: <input type="checkbox"/> Work <input type="checkbox"/> Home			
Phone:	Work	Home	Cell		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Section B: Change of address

Same as above **or**

Change mailing address to:

Apt/Unit Number	Street or PO Box Number	City/Town	Province	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section C: Change of marital status

Marital status has changed to:

Single Married Common-law Separated Divorced Widowed

Date effective: (dd/mm/yyyy)

Please attach proof of the change if you are changing your status to *married, separated, divorced or widowed*.
Acceptable documentation: Clear copy of marriage certificate, separation agreement, divorce certificate or spouse's death certificate.

Section D: Change of name

Change name to:

Last name:	Legal first name and initial:
<input type="text"/>	<input type="text"/>
Signature (former name):	Signature (new name):
<input type="text"/>	<input type="text"/>

Please attach proof of your new name. Acceptable documentation: Clear copy of marriage certificate, legal change-of-name document or government-issued ID (e.g. Birth certificate, driver's licence, passport, etc.).

Section E: Member authorization (required)

I authorize the CSS Pension Plan to complete the changes as identified.

Member signature:

Date signed (dd/mm/yyyy)

Privacy notice: Personal information on this form is collected under the authority of relevant privacy legislation for pension administration purposes. Please review the Privacy Policy as posted to the CSS Pension Plan's website. If you have questions regarding the collection of this information, write to:

CSS Pension Plan
 ATTN: Privacy Officer
 5th Floor - 333 3rd Avenue N
 PO Box 1850
 Saskatoon, SK S7K 3S2