



CHANGE IN MEMBER DATA

1. PLAN MEMBER to complete Section A and F in all cases and other applicable Sections.
2. Upon completion, this form is to be mailed or faxed to: Capital Pension & Benefits Administration
1170 - 1801 Hamilton Street, Regina, Saskatchewan S4P 4B4 Tel:1-866-961-4377 (toll-free) or (306) 787-5918 Fax: (306) 787-5798

Privacy Policy: Information collected by the Capital Pension Plan shall be used and disclosed for the provision of pension benefits at retirement, termination benefits in the event of termination of employment, survivor benefits in the event of your death and compliance with applicable provincial and federal legislation. Provision of the information constitutes consent for the above stated purposes. Further information can be obtained by contacting the Plan directly.

SECTION A: MEMBER INFORMATION

(to be completed in all cases)

SIN/Member ID	Surname	First Name and Initial	
Date of Birth <small>YYYY MM DD</small>	Home Phone Number	Business Phone Number	Employer Name and Division Number (if applicable)

SECTION B: CHANGE OF ADDRESS

New Street Address	City or Town	Province	Postal Code
--------------------	--------------	----------	-------------

SECTION C: CHANGE IN MARITAL STATUS

FROM:	(Check one) <input type="checkbox"/> Single	<input type="checkbox"/> Legally Married	<input type="checkbox"/> Common Law	<input type="checkbox"/> Widow(er)
TO:	(Check one) <input type="checkbox"/> Single	<input type="checkbox"/> Legally Married	<input type="checkbox"/> Common Law	<input type="checkbox"/> Widow(er)

SECTION D: CHANGE OF NAME

FROM:	(Surname / First Name / Initial) _____	Effective Date:
TO:	(Surname / First Name / Initial) _____	<small>YYYY MM DD</small>

SECTION E: CHANGE OF DESIGNATED BENEFICIARY

Estate; or

Beneficiary Surname	Beneficiary First Name and Initial	Date of Birth	Relationship
		<small>YYYY MM DD</small>	
		<small>YYYY MM DD</small>	
		<small>YYYY MM DD</small>	
		<small>YYYY MM DD</small>	

IMPORTANT NOTE: If you have a married or common law spouse, as defined under applicable pension legislation, the spouse may be entitled to 100% of any survivor benefit payable from this Plan, regardless of whom you have designated.

SECTION F: MEMBER AUTHORIZATION

(to be completed in all cases)

I wish to make the changes indicated above effective immediately. X _____ Member Signature	Date <small>YYYY MM DD</small>
---	---