

Change of member information

Return to Canada Life, Group Retirement Services

EMPLOYER/PLAN SPONSOR				
Name of employer/plan sponsor			Policy/plan number	
MEMBER INFORMATION				
Last name	Initial	First name	Certificate	
 beneficiary/trustee app If the member's address For RPPs only, if the none For RPPs and VRSPs (if the member is also 	ry's name has changed iciary or to designate a cointment form) as has changed – compember's province of elements, if the medesignating the new specific province of the second se	d – complete Part B new beneficiary, please plete Part C mployment has changed mber's spousal informati	on has changed – complete Part E y, this change form is not required –	
PART A – CHANGE OF MEN			•	
☐ The name of the men ☐ The name of the men ☐ The member's legal r but the member is co ☐ Other ☐	to: Tried. In the price of the control of the con	vn on Canada Life's reco changed. name indicated above.		
PART B - CHANGE OF BEN	IEFICIARY NAME AND/	OR RELATIONSHIP TO M	EMBER	
	eficiary is being desi		y only. If you are changing your te the Designation of revocable	
The beneficiary's name ha	s changed from:			
The beneficiary's relations member has changed	to: hip to the from:			
	to:			

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Change of member information (continued)

PART C – CHANGE OF MEMBER ADDRESS					
New address (apt. no., street no., street, city, province and postal code)	Email address				
New phone number () -					
PART D – CHANGE OF MEMBER PROVINCE OF EMPLOYMENT (RPPs only)					
This section is applicable to Registered Pension Plans only.					
Effective The above named member reports to work in					
yyyy mm dd	indicate province				
PART E – CHANGE OF SPOUSAL INFORMATION (RPPs & VRSPs/PRPPs only)					
This section is applicable to Registered Pension Plans and Voluntary Retirement Savings Plans/Pooled Registered Pension Plans only.					
New spousal information is as follows:					
☐ the member no longer has a spouse; or,					
the new spouse is:	Male				
Last name Initial First nar	Female				
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)					
Learnest that Canada Life adjust my mamber records as indicated in Dart A. D. C. and/ar E. above					
I request that Canada Life adjust my member records as indicated in Part A, B, C and/or E above.					
Date Member's signature					
Employer/plan sponsor authorization (Required for Part D)					
I request that Canada Life adjust the above member's province of employment as indicated above.					
Date Signature					
Signature of employer/plan sponsor by authorized person					

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