

Office Use Only
ID _____

INFORMATION CHANGE FORM

Freedom of Information and Protection of Privacy Act Personal information on this form is collected under clause 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01 as it relates directly to and is necessary for the administration of the pension plan and will be used for that purpose. Under certain circumstances (e.g., valuing pension benefits) some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of personal information, you may contact Pensions & Benefits at 902-368-4200.

Section 1 – Member Identifying & Contact Information (PLEASE PRINT CLEARLY)

This section must be completed as the information is required to locate and update your file.

LAST NAME		FIRST NAME & INITIAL(S)		DATE OF BIRTH (DD/MM/YYYY)	
LAST 3 DIGITS OF SOCIAL INSURANCE NUMBER		TELEPHONE		E-MAIL	

Section 2 – Change of Mailing or Resident Address (Effective date of change: _____)

day month year

Complete this section if you would like to change your mailing and/or resident address. All communication will be sent to your mailing address. We ask that you provide your resident address if it differs from your mailing address.

MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	COUNTRY (IF OUTSIDE OF CANADA)
RESIDENT ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
CITY	PROVINCE	POSTAL CODE	COUNTRY (IF OUTSIDE OF CANADA)

Section 3 – Change of Name (PROOF OF NAME CHANGE MUST BE ATTACHED)

Complete this section if you your name has changed. You must attach a copy of your driver's license, or other government issued identification, supporting your name change.

Change name	LAST NAME	FIRST NAME AND INITIAL(S)

Section 4 - Authorization of Changes (THIS MUST BE COMPLETED FOR CHANGES TO BE MADE)

I authorize the changes noted above.

Signature:	Date:
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Return your completed form

Mail: Pensions & Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8

Email: peitpp@gov.pe.ca

Fax: (902) 620-3096