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www.peipspp.ca

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 in	formation is required t	o locate and upda	te your file.			
LAST NAME	FIRST NAME &	INITIAL(S)	DATE OF BIRTH (DD/MM/YYYY)			
LAST 3 DIGITS OF SOCIAL INSURANCE NUMBER	TELEPHONE	_I HONE		E-MAIL		
Section 2 – Change of Mailing	g or Resident A	ddress (Effec	tive date of chan	ge:		
Complete this section if you would like to address. We ask that you provide your re				nication will be sent to your mailing		
MAILING ADDRESS						
CITY	PROVINCE	POSTAL C	ODE	COUNTRY (IF OUTSIDE OF CANADA)		
RESIDENT ADDRESS (IF DIFFERENT THAN MAILING	G ADDRESS)					
CITY	PROVINCE		ODE	COUNTRY (IF OUTSIDE OF CANADA)		
L				l		
Section 3 – Change of Name Complete this section if you your name had identification, supporting your name chan	as changed. You mus			se, or other government issued		
Change name	LAST NAME			FIRST NAME AND INITIAL(S)		
Section 4 - Authorization of C	Changes (THIS MU	JST BE COMPLET	TED FOR CHANG	GES TO BE MADE)		
I authorize the changes noted above.						
Signature:		Date:				

Return your completed form

Mail: Pensions & Benefits P.O. Box 2000 Charlottetown, PE C1A 7N8 Email: peipspp@gov.pe.ca Fax: (902) 620-3096