

## Address update/change

Manitoba Home Care Employees Pension Plan CRA Registration No. 0982173

**PLEASE PRINT**

### Member Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Member ID/SIN (last 3 numbers): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

### Change of Member Address

Old Member's Address-

\_\_\_\_\_  
(apt. no., street no., street, city, province and postal code)

New Address-

Apt no, street no and street: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

County (if not Canada): \_\_\_\_\_

\*\*\*Include a copy of any of the following documents: a birth certificate, passport or a government issued identification (driver licence).

### Authorization

#### Member authorization

I request that the Pension Plan Administrator adjust my Member records as indicated above. I confirm the information enclosed in this change form is accurate and correct.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_