

## Change of member information

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Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The policy is issued by London Life Insurance Company, a subsidiary of Great-West.

EMPLOYER/PLAN SPONSOR INFORMATION			
Name of employer/plan sponsor		Policy/plan number	
MEMBER INFORMATION (please print)		1	
Last name Initial	First name	Certificate / Social insurance number	
Business telephone number		Home telephone number	
( ) -	Ext.	-	
<ul> <li>beneficiary/trustee appointment for If the member's address has changed.</li> <li>For RPPs only, if the member's preference on the for RPPs and VRSPs/PRPPs only (if the member is also designating).</li> </ul>	has changed – complete Part B designate a new beneficiary, please form) nged – complete Part C rovince of employment has change y, if the member's spousal informa	tion has changed – complete <b>Part E</b> ry, this change form is not required –	
PART A – CHANGE OF MEMBER NAME	<u> </u>	in romi,	
<ul><li>The name of the member has be</li><li>The member's legal name is</li></ul>	to:naiden name. rrectly shown on Great-West Life's		
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PART B – CHANGE OF BENEFICIARY N Please note that this is to change the beneficiary or a new beneficiary is a beneficiary/trustee appointment for	he name of an <u>existing</u> beneficia being designated, please comple	ry only. If you are changing your	
The beneficiary's name has changed to	from:		
	to:		
The beneficiary's relationship to the Member has changed	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)	Internet address		
New phone number ( ) -			
PART D – CHANGE OF MEMBER PROVINCE OF EMPLOYMENT (RPPs only)			
This section is applicable to Registered Pension Plans only.			
EffectiveThe 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 na	me Female		
Note: if the member is also designating the new spouse as their beneficiary, this change form is not required – complete the Designation of revocable beneficiary/trustee appointment form.			
PART F – AUTHORIZATION			
Member authorization (Required for Parts A, B, C and E)			
I request that Great-West 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 Great-West Life adjust the above member's province of employment as indicated above.			
Date Signature			
Signature of employer/plan sp	onsor by authorized person		

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