



# CHAMBER PENSION PLAN

## Change of Member Information

Name \_\_\_\_\_  
First Name Last Name Middle Name Maiden Name

Member # \_\_\_\_\_

Please provide supporting documents in the event of a name change. Reason for Name Change: marriage certificate, divorce decree, deed pool.

Date of Birth \_\_\_\_\_ Change  Marriage  Divorce  Incorrect information on file  
MM/DD/YYYY

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_  
PO Box Postal Code District

Marital Status  Married  Single Email Address \_\_\_\_\_

### BENEFICIARY

I hereby amend my beneficiary(ies) for purposes of the Chamber Pension Plan, as per below. I acknowledge that this amendment will have no effect to my spousal or civil partner designation without appropriate documentation (Please provide supporting documents in order to add/ remove spouse .i.e. marriage certificate or divorce decree).

Last Name	First Name	Date of Birth MM/DD/YYYY	Relationship	%

Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

PRINT

RESET