

Name Change Authorization

A. Company Identification			
Name of Employer (if applicable)			
Type of Plan (tick all that apply)			
<input type="checkbox"/> Registered <input type="checkbox"/> Non-Registered <input type="checkbox"/> Savings <input type="checkbox"/> Wealth Builder <input type="checkbox"/> Individual Retirement <input type="checkbox"/> Defined Benefit			
B. Member Information (current)			
Last Name	First Name	Middle Initial	Social Insurance Number
C. Name Change (amended)			
Last Name	First Name	Middle Initial	Social Insurance Number
D. Reason for Name Change			
<p>Please attach a copy of appropriate supporting evidence.</p> <p>The request is in accordance with reason ____ below. If number 4, please give explanation in space provided below.</p> <ol style="list-style-type: none"> 1. The person has been married. 2. The person has been legally adopted. 3. The name of the person has been legally changed. 4. Other. <p>N.B. Supporting evidence may be the marriage certificate, adoption papers, certificate of change of name, birth certificate, statutory declaration, or other suitable document setting out the facts and providing suitable identification.</p>			
Explanation			

Member Signature

Date (mm/dd/yy)