



Return to
BENEFITS ADMINISTRATION OFFICE
4885 SAINT JOHN PAUL II WAY
VANCOUVER, BC V5Z 0G3

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 Archdiocese of Vancouver	Policy/plan number 35169
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MEMBER INFORMATION (please print)

Last name	Initial	First name	Certificate / Social insurance number
Business telephone number			Home telephone number
Ext.			

IMPORTANT

- If the member's name has changed – complete **Part A**
- If an existing beneficiary's name has changed – complete **Part B**
(to change your beneficiary or to designate a new beneficiary, please complete the Designation of revocable beneficiary/trustee appointment form)
- If the member's address has changed – complete **Part C**
- For RPPs only, if the member's province of employment has changed – complete **Part D**
- For RPPs and VRSPs/PRPPs only, if the member's spousal information has changed – complete **Part E**
(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 A – CHANGE OF MEMBER NAME

The member's name has changed from: _____
to: _____

Reason for change:

- The member has married.
- The member is returning to her maiden name.
- The name of the member is incorrectly shown on Great-West Life's records.
- The name of the member has been legally changed.
- The member's legal name is _____
but the member is commonly known by the name indicated above.
- Other _____

PART B – CHANGE OF BENEFICIARY NAME AND/OR RELATIONSHIP TO MEMBER

Please note that this is to change the name of an existing beneficiary only. If you are changing your beneficiary or a new beneficiary is being designated, please complete the Designation of revocable beneficiary/trustee appointment form.

The beneficiary's name has changed from: _____
to: _____

The beneficiary's relationship to the Member has changed from: _____
to: _____

Change of member information (continued)

PART C – CHANGE OF MEMBER ADDRESS

New address (apt. no., street no., street, city, province and postal code)

New phone number () -

Internet address

PART D – CHANGE OF MEMBER PROVINCE OF EMPLOYMENT (RPPs only)

This section is applicable to Registered Pension Plans only.

Effective The 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
 Female

Last name Initial First name

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 sponsor by authorized person