## Please send completed form to:

## PRAIRIE TEAMSTERS ADMINISTRATION SERVICES LTD. 155, 7260 – 12 Street S.E. Calgary, AB T2H 2S5

pension@ptadmin.ca

## **NOTICE OF CHANGE OF MEMBER INFORMATION**

**Please Print Clearly** 

Plan Name	e TEAMSTERS PRAIRIE PROVINCES PENSION PLAN		
Employer			
Member Name			
SIN			
Phone Number			
Change of Addre	ess address be changed:		
From			
То			
	e - Please ensure that you send us a contain ame be changed:	copy of the government issued change.	
From			
	Last	First	
То			
	Last	First	
MEMBER SIGNATURE		*** NAME OF WITNESS	
DATE day/mo/yr		WITNESS SIGNATURE	

\*\*\* Witness only needed for Change of Name \*\*\*