

## Address Change Form

Please complete this form including your old and new address. Ensure you provide your social insurance number and signature.

### Please Print

Member Information:	
Full Name	Social Insurance Number (required)
Email Address	Telephone Number
Signature	Effective Date of Change (MM/DD/YYYY)

Old Address:		
Street Name & Number or PO Box Number		
City	Province	Postal Code

### CHANGE to:

New Address:		
Street Name & Number or PO Box Number		
City	Province	Postal Code

The completed form can be mailed or emailed to the address provided above or faxed to 306-787-1939.