

MEMBER STATUS CHANGE FORM

Name of Pension Plan/Company	
Name of Member	
Address of Member	
Registration Number	N.I.S. Number

TERMINATION OF MEMBERSHIP:

Reason for Change: (*Tick One*)

Termination <input type="checkbox"/>	Suspension <input type="checkbox"/>	Normal Retirement <input type="checkbox"/>	Early Retirement <input type="checkbox"/>	Death <input type="checkbox"/>
Effective Date of Change:	Day	Month	Year	Date of Last Pension Deduction:
				Day
				Month
				Year

CHANGE OF NAME:

FROM:	Surname	First	Middle
TO:	Surname	First	Middle

By reason of: Marriage Divorce Other (*Attach copies of supporting Documentation*)

Signature of Applicant: _____

CHANGE OF BENEFICIARY:

Name of New Beneficiary: (<i>Please Print Name</i>)	Relationship:	Date of Birth: ____/____/____ DD / MM / YY
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Member's Name: _____ Signature: _____ Date: _____
(PLEASE PRINT NAME) (DD / MM / YY)

Witness' Name: _____ Signature: _____ Date: _____
(PLEASE PRINT NAME) (DD / MM / YY)

ADDITIONS:

If there is an enrollment of a new member, please have the employee complete an Enrollment Form.

Authorised Signature & Company Stamp

Date