



# The Civil Service Superannuation Fund Member Information Change Form

Use this form to advise the Board office of changes or corrections – Please print clearly.

**Member Information:**

Last Name	First Name	Social Insurance Number (SIN)
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**1. Change of Home Address:**

Street No. & Name	Apt. No	City/Town	Province
Postal Code	Telephone No. / Email Address		Effective Date of Change (YYYY/MM/DD)

**2. Change / Correct Name:**

From: Last Name	First Name
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To: Last Name	First Name
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**3. Correct Date of Birth:**

Year  YYYY	Month  MM	Day  DD	<b>Attach proof of birth (Birth Certificate, Canadian Citizenship Card, Valid Canadian Passport, Permanent Resident Card, or Valid Driver's Licence)</b>
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**4. Change in Social Insurance Number:**

From	To
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MEMBER COMPLETED FORM – SIGN HERE	EMPLOYER COMPLETED FORM – SIGN HERE
<hr style="border: 0.5px solid black;"/> <p>Member's Signature</p> <hr style="border: 0.5px solid black;"/> <p>Date / Phone Number</p>	<hr style="border: 0.5px solid black;"/> <p>Employer's Name / Email Address</p> <hr style="border: 0.5px solid black;"/> <p>Date / Phone Number</p>