



You can use this form to advise the Board Office of changes or corrections to your personal information. Please print clearly.

Name: _____

PIN: _____

1. New Address:

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

2. Change / Correct Name

From: _____
Last Name First Name

To: _____
Last Name First Name

Reason for change of name:

- Marriage/Separation/Divorce (Please provide supporting documentation)
- Legal Name Change (Please provide copy of legal name change document)
- Correction of Mistake (misspelling, omission, or other error)

Pensioner's Signature Date

Your completed form can be returned to the Civil Service Superannuation Board by:

Mail: 1200-444 St. Mary Avenue
Winnipeg MB R3C 3T1

Fax: 204-945-0237

Online Services: Upload through your Online Services Document Centre