

## **CHANGE OF ADDRESS**

*This form is used to update your address with the Carpentry Workers' Pension Plan of BC.*

*If you are updating a member's address because you have Power of Attorney, please attach a photocopy of the Power of Attorney documentation along with this form.*

Please print clearly and in ink.

<b>1. MEMBER INFORMATION</b>			
LAST NAME		FIRST NAME	INITIAL(S)
DATE OF BIRTH (YYYY-MM-DD)		SOCIAL INSURANCE NUMBER	
<b>2. OLD ADDRESS</b>			
ADDRESS (Street number and name)			APARTMENT / SUITE #
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
<b>3. NEW ADDRESS</b>			
ADDRESS (Street number and name)			APARTMENT / SUITE #
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
<b>4. SIGNATURE</b>			
EFFECTIVE DATE OF CHANGE (YYYY-MM-DD)	SIGNATURE		DATE (YYYY-MM-DD)
	<b>X</b>		