

NAME AND/OR ADDRESS CHANGE FORM

POLICY INFORMATION

Group Policy Number	iA Reference Number
100011627	

MEMBER INFORMATION

Last Name	Given Name	Initials	Service Number

NAME CHANGE COMPLETE IF YOU ARE REQUESTING A NAME CHANGE

Who is this change for?	Reason for Change?	If you selected "Other", please specify
<input type="radio"/> Member <input type="radio"/> Spouse	<input type="radio"/> Marriage <input type="radio"/> Correction <input type="radio"/> Other (specify)	

Previous Name (as it appears on the most current Group Insurance Certificate)

Last Name	Given Name	Initials	Previous Signature

New Name

Last Name	Given Name	Initials	New Signature

CONTACT INFORMATION CHANGE FOR NEW ADDRESS, TELEPHONE OR EMAIL

Previous Contact Information

Street Address	City	Prov.	Postal Code
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email	

New Contact Information

Street Address	City	Prov.	Postal Code
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email	

Additional Information

X	X
Member Signature (must always sign)	Spouse Signature (if changing name)
Date (dd-mmm-yyyy)	Date (dd-mmm-yyyy)

SEND YOUR COMPLETED FORM TO



Special Markets Solutions
Industrial Alliance Insurance and Financial Services Inc.
400-988 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

QUESTIONS?

Contact a Client Service Specialist at:
1.855.747.4717 (toll-free)
sisipci@ia.ca
Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time