

# NAME AND/OR ADDRESS CHANGE FORM

## MEMBER/EMPLOYEE INFORMATION

Name of Policyholder	Group Policy Number	Division Number	Member/Employee ID
Last Name	Given Name	Initials	Date of Birth (dd-mmm-yyyy)

## NAME CHANGE COMPLETE IF YOU ARE REQUESTING A NAME CHANGE

**Who is this change for?**      **Reason for Change?**      If you selected "Other", please specify

Member/Employee    Spouse     
  Marriage    Correction    Other (specify)

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

Last Name	Given Name	Initials	Previous Signature
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### New Name

Last Name	Given Name	Initials	New Signature
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## 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

<b>X</b>	<b>X</b>
<b>Member/Employee Signature</b> (must always sign)	<b>Spouse Signature</b> (if changing name)
Date (dd-mmm-yyyy)	Date (dd-mmm-yyyy)

## SEND YOUR COMPLETED FORM TO



**SPECIAL  
MARKETS  
SOLUTIONS**

### 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:  
**1.800.266.5667** (toll-free)  
**604.737.3802** (Vancouver)  
**solutions@ia.ca**  
 Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time