

THE UNIVERSITY OF MANITOBA PENSION PLAN (1993) CHANGE OF INFORMATION NAME OF MEMBER

PERSONAL INFORMATION

Social Insurance Number

Employee Number

Last Name

Given Name

CHANGE OF NAME OF MEMBER

I hereby request that my name be changed on my records for The University of Manitoba Pension Plan (1993).

FROM:

Last Name

Given Name

TO:

Last Name

Given Name

I hereby confirm that the above information is correct. This personal information is being collected under the Authority of The University of Manitoba Act and will be used for purposes of pension plan administration.

I authorize The University of Manitoba to exchange personal information with benefit service providers and/or organizations who provide advice and service in the management of the group pension plans. This information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of information, contact the Access & Privacy Coordinator Office, (204) 474-8339, University of Manitoba.

Date

Signature of Employee

Return completed form to: Pension Office | 180 Extended Education Complex | Winnipeg | MB | R3T 2N2