
Notice of Change in Member Information

Plan Name: Newfoundland and Labrador Municipal Employee Benefits Inc. Pension Plan

Registration No. 075097(NL), 0588483(CRA)

Employer (Town): _____

(Please Print)

Member Name _____
Last First Initial

ID Number _____

Change of Name

I direct that my name be changed

From _____
Last First Initial

To _____
Last First Initial

Change of Other Information *(Not to be used for change of marital status or beneficiary*)*

I direct that the following information in pension plan records be changed.

Information to be changed: _____

From _____

To _____

Signature of Member

Date

Signature of Employer Representative

Date

Name of Employer Representative (Please Print)

***For change of marital status or beneficiary, complete a "Spouse or Cohabiting Partner & Beneficiary Designation" form**

To Employee: Please return this form duly signed to your Employer

To Employer: Please send a copy to: Mercer (Canada) Limited
1801 Hollis Street, Suite 1300
Halifax, Nova Scotia B3J 3N4