



Address confirmation

Administration department

Toronto
P.O. Box 4105, Postal Station A
Toronto, Ontario M5W 2P4

Montréal
P.O. Box 4002, Postal Station B
Montréal, Québec H3B 4M2

Plan administrator statement

I Administrative information <i>(please print)</i>			
Policyholder name	Policy no.	Division no.	Certificate no.
Participant surname	Given name(s)	Initial	Date of birth <i>(YYYY/MM/DD)</i>

Participant statement

II Address			
Main residence address <i>(no., street)</i>			Apt.
City	Province of residence	Workplace province <i>(if different than province of residence)</i>	Postal code
New address as of <i>(YYYY/MM/DD)</i>	Telephone no.		
Participant signature	Date		