

Complete and forward the original to your employer. Please retain a copy for your records.

Change of Name

Name of policyholder _____

Group Policy No(s)	Division No(s)	Certificate/Social Insurance No(s)
_____	_____	_____

I hereby certify that _____
print former name

is one and the same as _____
print new name - do not use husband's given names

and the undersigned requests that this change be noted on the records for the above policy(ies).

Reason for Change - Please check appropriate reason

Marriage On the _____ day of _____, _____, in the
day month year
 Province/State of _____ I was married
 to _____.

Separation The former was my married surname and I am now using my maiden
 surname.

Divorce On the _____ day of _____, _____, in the
day month year
 Province/State of _____ I was divorced
 and am now using my maiden surname.

Legal Change Please attach a copy of the Court Order or Adoption Order authorizing
 the change.

Correction of Mistake The former name was shown incorrectly because of misspelling, omission
 or other clerical error.

Signed at _____ this _____ day of _____, _____.
City Province/State day month year

 Former Signature New Signature