

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 (YYY/MM/DD)
			/ /

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 (YYY/MM/DD)			
Participant signature			Date (YYY/MM/DD)
			/ /