

## DECLARATION OF CHANGE OF NAME

(FIRST OR MIDDLE NAME ONLY)

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- Please complete this declaration and forward it to the pension plan only for a change of FIRST or MIDDLE name(s).
- To notify us of a change of LAST name, a form is not required. Submit a clear copy of one of the following legal documents:
  - o Marriage certificate or divorce certificate
  - Legal change-of-name document
  - Statutory declaration (only if it is not possible to obtain one of the above documents)

PERSON ID	
Public Service Pen PO Box 9460 Victoria BC V8W 9V	
Web	pspp.pensionsbc.ca

the above documents)	Toll-free (Canada/U.S.) 1-8				1-800-665-3554				
FORMER FIRST OR MIDDLE NAME			CURRENT ADOPTED NAME(S)						
NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE			DATE OF BIRTH YYYY—MM—DD						
ADDRESS (include unit number, if applicable)			ADDRESS LINE 2 (if required)						
CITY	PROVIN	CE	POSTAL CODE	COU	COUNTRY (if not Canada)				
I do solemnly declare that I have adopted the	name i	ndica	ted above since my	birth w	as registere	d,			
and that I am the same person who was borr	on the	abov	e date.		-				
SIGNATURE OF PLAN MEMBER					DATE SIGNE	ED Y—MM—DD			

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the Public Sector Pension Plans Act and will be used by the BC Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.

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