Millwrights Machine Erectors & Maintenance Union Local 1021 Group Retirement Savings Plan

Notice of Change

Member Information							
Name (Last)	(First)		(Middle	(Middle)		Sex	
					М	F	
Address (Street)				Social Insurance N	Social Insurance Number		
City		Province	Postal Code	Telephone Numbe	r		
Authorization							
I certify that all the information in	n this docum	ent is, to the	best of my knowledge,	true and complete.			
Signature of Member			Date		_		
Your personal information is being used for the purpose of administering such as our administrator, plan sponthe plan. All information is protected in the province of Saskatchewan. If your personal information. If you have would like a copy of the Fund's Priving the same of the sam	ng the plan. sor and regis by the provi y completing we any questi	Your persona tered mutual facions of the Fog and signing ions regarding	I information may be disc fund representative, but on ederal Personal Informatio this form you are consent the collection, use or disc	closed, now or in the future, to ally for the express purpose of a on Protection and Electronic Doc ting to the collection, use and of closure of information on this for	third p dminis cument lisclosi	earties tering s Act, are of	

Please return this form, with your original signature by mail to:

Ellement Consulting Group

10154 108 St NW Edmonton AB T5J 1L3

Phone: (780) 452-5161 Toll Free: 1-800-770-2998