

**PENSIONER INFORMATION  
CHANGE FORM**

You can use this form to advise the Board Office of changes or corrections to your personal information. Please print clearly.

Name: \_\_\_\_\_

PIN: \_\_\_\_\_

**1. New Address:**

Street No. & Name	Apt. No.	City	Province
Postal Code	Telephone No./Email	Effective Date of Change (YYYY/MM/DD)	

**2. Change / Correct Name**

From:	_____	_____
	Last Name	First Name
To:	_____	_____
	Last Name	First Name

Reason for change of name:

- ☐ Marriage/Separation/Divorce (Please provide supporting documentation)
- ☐ Legal Name Change (Please provide copy of legal name change document)
- ☐ Correction of Mistake (misspelling, omission, or other error)

_____ Pensioner's Signature	_____ Date
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Your completed form can be returned to the Civil Service Superannuation Board by:

Mail: 1200-444 St. Mary Avenue  
Winnipeg MB R3C 3T1

Fax: 204-945-0237

Online Services: Upload through your Online Services Document Centre