



Notice of contact change

Group savings and retirement plan

Contract (s) and div	rision (s):		Plan name:				
New contact person:	Contract		Bill	Billing		Administrative	
No change							
Gender	Mr. \square	Ms. \square	Mr. 🗆	Ms. \square	Mr. \square	Ms. \square	
Name							
Email					-		
Address							
	Number, street		Number, street		Number, street		
	City, province		City, province		City, province		
	Postal code		Postal code		Postal code		
Telephone					-		
Fax							
Language	French \square	English \square	French \square	English \square	French \square	English \square	
Effective date							
Name of the signatory	authorized by the cont	ractholder (in block	c letters):		Title :		
Signature :				Date :			





Notice of contact change (continued)

Group savings and retirement plan

Contract contact person:

Is the person who signs all documents of a legal nature relating to the group savings and retirement plan.

Billing contact person:

Is the person who receives invoices related to the management of the group savings and retirement plan.

Administrative contact person:

Is the person responsible for plan management (contribution remittances, new enrolments, termination of employment, withdrawal authorization, etc.) and the resource-person for plan members and our company.

Each contact person has access to the information below via our secure website: Reports (financial and other) and information relating to plan members and contributions.

Only these three individuals from your organization have access to our secure website.

Please return the completed form to:

