



NAME AND/OR ADDRESS CHANGE FORM

Please complete, print and sign.

MEMBER/EMPLOYEE INFORMATION

Name of Policyholder	Group Policy Number	Division Number	Member/Employee ID
Last Name	Given Name	Initials	Date of Birth (dd-mmm-yyyy)

NAME CHANGE COMPLETE IF YOU ARE REQUESTING A NAME CHANGE

Who is this change for? Reason for Change? If you selected "Other", please specify

Member/Employee
 Spouse
 Marriage
 Correction
 Other (specify)

Previous Name (as it appears on the most current Group Insurance Certificate)

Last Name	Given Name	Initials	Previous Signature
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New Name

Last Name	Given Name	Initials	New Signature
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CONTACT INFORMATION CHANGE FOR NEW ADDRESS, TELEPHONE OR EMAIL

Previous Contact Information

Street Address	City	Prov.	Postal Code
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email	

New Contact Information

Street Address	City	Prov.	Postal Code
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email	

Additional Information

Additional Information

X		X	
Member/Employee Signature (must always sign)	Date (dd-mmm-yyyy)	Spouse Signature (if changing name)	Date (dd-mmm-yyyy)

SEND YOUR COMPLETED FORM TO

iA Special Markets
 Industrial Alliance Insurance and Financial Services Inc.
 400-988 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

QUESTIONS?

Contact a Client Service Specialist at:
1.800.266.5667 (toll-free)
604.737.3802 (Vancouver)
specialmarkets@ia.ca
 Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time

YOUR PERSONAL INFORMATION

The personal information that we, iA Financial Group and its affiliates, collect in the course of your coverage will only be used and disclosed for the purposes for which you have already consented.

To review your consent preferences or to learn more, please visit ia.ca/protection-personal-information.