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1-877-506-6377 (Toll free) Fax: (306) 787-0244 Email: mepp@plannera.ca

Personal Change Form

You can make this change o	online through PLANe	t (some legisl	ative restriction	s may apply	v). Or, ma	il the original	completed an	d signed form to MEPP.
1 Tell Us Ab	out You (Pleas	e Print)						
Social Insurance Number:			Please proceed to next field using the Tab button					
Last Name:			First Name & Initial:					
Birthdate (dd/mm/yy		/						
Primary Phone Number:			Email Address:					
Mailing Address:								
City/Town/Village:			Province:			Postal Code:		
2 Change i	n Data							
Change ii	n Name		Date Eff	ective: _	day	/ month	/ n year	_
From: Last Name			First Nar	ne				
To: Last Name			First Nar	me				
Change in Address			Date Effective:day			/ / / month year		
From: Suite #, Street	+ # PO Roy #		City/Town	Willage		Province, (Postal Code
	s in Step 1; or		City/ IOWII	, village		Province, C	Lountry	Postal Code
Suite #, Street	#, PO Box #		City/Town/	Village		Province, C	ountry	Postal Code
Change ii	n Spousal Relatio	nship	Date Effe	ective:		/	/	_
You may wish to revie	w your designation	of beneficia	ry.		day	month	year	
From:	Single	Legally	married	Divor	rced	Con	nmon-law	Widowed
То:	Single	Legally	married	arried Divord		Common-law		Widowed
Please attach appropria	ate acceptable document	tation: declarat	ion of common-la	w relationshi	p, origina	l or certified cop	y of divorce, mar	riage, or death certificate.
4 Sign and	Date							
Signature of Membe	r				Date:	day	/ month	/ year