




**You can make this change online through PLANet.**  
(some legislative restrictions may apply)

110 - 1801 Hamilton Street  
REGINA SK S4P 4W3  
Phone: (306) 787-2684 in Regina  
1-877-506-6377 (Toll free)  
Fax: (306) 787-0244  
Email: mepp@peba.gov.sk.ca

# Personal Change Form

## 1 Tell Us About You (Please Print)

Social Insurance Number: \_\_\_\_\_  Please proceed to next field using the Tab button

Last Name: \_\_\_\_\_ First Name & Initial: \_\_\_\_\_

Birthdate (dd/mm/yyyy): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## 2 Change in Data

**Change in Name** Date Effective: \_\_\_\_\_  
day month year

From: \_\_\_\_\_  
Last Name First Name

To: \_\_\_\_\_  
Last Name First Name

**Change in Address** Date Effective: \_\_\_\_\_  
day month year

From: \_\_\_\_\_  
Suite #, Street #, PO Box # City/Town/Village Province, Country Postal Code


To: same as in Step 1; or  
\_\_\_\_\_  
Suite #, Street #, PO Box # City/Town/Village Province, Country Postal Code

**Change in Spousal Relationship** Date Effective: \_\_\_\_\_  
day month year

You may wish to review your designation of beneficiary.

From: Single Legally married Divorced Common-law Widowed

To: Single Legally married Divorced Common-law Widowed

 Please attach appropriate acceptable documentation: declaration of common-law relationship, original or certified copy of divorce, marriage, or death certificate.

## 4 Sign and Date

Signature of Member \_\_\_\_\_ Date: \_\_\_\_\_  
day month year