



Information Update

Please print clearly and only fill out applicable sections. If you need to change your pension partner and/or beneficiaries, please request the form from Retirement Services.

Section 1 Member Information

First name		Middle initial	Last name	
Date of birth (dd-mm-yyyy) — —		Social Insurance Number		
Address (street number and name)			Apartment or suite	
City	Province	Postal code	Telephone number (day) — —	
E-mail address			Telephone number (evening) — —	

Section 2 Change of address

Address (street number and name)			Apartment or suite	
City	Province	Postal code	Telephone number (day) — —	
E-mail address			Telephone number (evening) — —	

Section 3 Name Change

First name	Middle initial	Last name
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Section 4 LAPP Service

Total LAPP Service as of December 31, 20__ LAPP Statement* is ____ . ____

I have included a copy of my most recent LAPP Statement

Section 5 Member Declaration

By signing below, I confirm that the information on this form is, to the best of my knowledge and belief, complete and accurate. I understand that the above designation will cancel and replace any previous designation I may have filed with the APEX Supplementary Pension Plan.

Signature

Date (dd-mm-yyyy)

Please complete and return to:

Retirement Services
300-8616 51 Avenue
Edmonton, AB T6E 6E6
retirement@auma.ca