

## Change of address form



Fields marked with an "\*" are mandatory and must be completed.

### Name

First Name *	
Last Name *	
Middle Initial	

**If receiving more than one payment from CIBC Mellon, please ensure to include all member IDs.**

Pension Plan Name *	
Member ID * (Found on any correspondence document you have received from us.)	
Pension Plan Name *	
Member ID *	

Effective Date *	
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### Previous Address

Address *	
Suite / Apartment	
City *	
Province / State *	
Postal Code / Zip Code *	

### New Address

Is this a temporary address? *	No <input type="checkbox"/> Yes <input type="checkbox"/> Until what date?
Address *	
Suite / Apartment	
City *	
Province / State *	
Postal Code / Zip Code *	

Telephone Number	
Email Address	

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_