



Personal Change Form

PSSP Liquor Board Workers' Compensation STC Anti-TB SaskPower

SECTION A: MEMBER INFORMATION (Please print)

Social Insurance Number	Last Name	First Name and Initial
Mailing Address	City	Province
		Postal Code
Birthdate (day/month/year)	Phone Number(s) Home Business	E-mail Address

SECTION B: CHANGE IN DATA (Sign and date form below)

CHANGE OF ADDRESS

Date Effective: _____

same as above; or

CHANGE IN SPOUSAL RELATIONSHIP

(You may wish to review your designation of beneficiary)

Date Effective: _____

Single

Legally married

Divorced

Separated

Common-law

Please attach acceptable documentation (listed on reverse)

CHANGE IN NAME

Date Effective: _____

To:

_____ Last Name

_____ First Name

Please attach acceptable documentation (listed on reverse)

CHANGE OF BENEFICIARY (PERSONAL NOMINEE)

(See reverse for details)

_____ Last Name

_____ First Name

_____ Relationship

Signature of Member

Date (day/month/year)

Comments and Instructions

Acceptable Documentation

For change in spousal relationship:

- declaration of common-law relationship;
- divorce certificate or decree absolute;
- marriage certificate; or
- spouse's death certificate

For change in name:

- change of name registration;
- divorce certificate or decree absolute;
- marriage certificate; or
- spouse's death certificate

Beneficiary (Personal Nominee) Change

Your beneficiary under the Plan is your spouse, or your children if they are under the age of 18. The personal nominee designation on reverse would be effective only if you have no beneficiary.

For more information please contact:

Public Service Superannuation Plan (PSSP)
c/o Public Employees Benefits Agency (PEBA)
1000 - 1801 Hamilton Street
REGINA SK S4P 4W3
Phone: 306-787-3988
Email: pssp@peba.gov.sk.ca
Website: www.peba.gov.sk.ca