



DECLARATION OF CHANGE OF NAME

(FIRST OR MIDDLE NAME ONLY)

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|---|--|
| PERSON ID | |
| Teachers' Pension Plan PO Box 9460 Victoria BC V8W 9V8 | |
| Web | tpp.pensionsbc.ca |
| Toll-free (Canada/U.S.) 1-800-665-6770 | |

Instructions

- Please complete this declaration and forward it to the pension plan only for a change of FIRST or MIDDLE name(s).
- To notify us of a change of LAST name, a form is not required. Submit a clear copy of one of the following legal documents:
 - Marriage certificate or divorce certificate
 - Legal change-of-name document
 - Statutory declaration (only if it is not possible to obtain one of the above documents)

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|--|----------|------------------------------|-----------------------------|
| FORMER FIRST OR MIDDLE NAME | | CURRENT ADOPTED NAME(S) | |
| NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE | | | DATE OF BIRTH YYYY-MM-DD |
| ADDRESS (include unit number, if applicable) | | ADDRESS LINE 2 (if required) | |
| CITY | PROVINCE | POSTAL CODE | COUNTRY (if not Canada) |

I do solemnly declare that I have adopted the name indicated above since my birth was registered, and that I am the same person who was born on the above date.

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|--------------------------|---------------------------|
| SIGNATURE OF PLAN MEMBER | DATE SIGNED YYYY-MM-DD |
|--------------------------|---------------------------|

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the BC Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.