



**UNITED FOOD & COMMERCIAL WORKERS PENSION PLAN
(LOCAL 1991-P)**

Change of Address Notification

Information on Member

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Date of Birth (yyyy-mm-dd)
<input type="text"/>		
Employer Name		

New Address:

<input type="text"/>		
Address (No, street, unit)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	
Phone Number	E-mail Address	
<input type="text"/>	<input type="text"/>	
Signature of Plan Member	Date (yyyy-mm-dd)	

Please send this form to both addresses:

Member Services Center

SAI Actuarial Services
201 Laurier Ave E suite 430
Montreal, Quebec H2T 3E6

Or

Secure submission via ShareFile

Please send us an email at
tuac1991p@saiinc.ca to receive a
secure link.

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TUAC 1991-P

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