

Plan administrator statement

Administrative information (please print)

Policyholder name										
Policy no.	<input type="text"/>	Division no.	<input type="text"/>	Certificate no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant surname				Given name(s)				Initial		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

GE8033F

Administration department

P.O. Box 4002, Postal Station B
Montréal, Québec H3B 4M2

Participant statement

Address

Main residence address (no., street)			Apt.	City
Province of residence			Workplace province (if different than province of residence)	
Postal code		New address as of		
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone no.		E-mail		
Participant signature				Date
				<input type="text"/>