

REQUEST FOR A CHANGE OF ADDRESS



Section 1 - Member Information

First Name: _____ Last Name: _____

SIN (optional): ____ / ____ / ____ Vestcor Reference Number: _____ OR Employee ID Number: _____

Date of Birth: ____ / ____ / ____ Telephone (Home): _____ Telephone (Mobile): _____
Day Month Year

Section 2 - Change of Address

Previous Address:

New Address:

Effective Date of Change: ____ / ____ / ____
Day Month Year

Correspondence Requested In: English French

Section 3 - Electronic Communications

Email: _____

Please select below whether you wish to receive general publicly available information via the e-mail address indicated above:

- Yes, I agree to receive general publicly available information related to my pension and/or benefits (as applicable) electronically. Information containing personal information relating to my pension and/or benefits, including statements, will continue to only be provided to me in hard copy by mail or via my employer's employee self-service website as applicable.
- No. I wish to continue receiving only mailed paper copies of general information related to my pension and/or benefits.

***IMPORTANT! Electronic signature is not accepted. Wet signature required.**

PRIVACY CONSENT: *The personal information collected on this form will be used by Vestcor to: identify the member (and signee, if different) making the request; determine language preference; update the member's contact information; contact the member (and/or signee, if different) as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at info@vestcor.org. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy*

AUTHORIZATION : *I certify that the information above is accurate*

Signature*: _____

Name of Signee (Please Print): _____

Date: ____ / ____ / ____
Day Month Year

Please return completed form as soon as possible to:
Vestcor
P.O. Box 6000, Fredericton, NB E3B 5H1
Fax: 506-457-7388

For more information, please contact Vestcor at:
Telephone: 506-453-2296 or 1-800-561-4012 (toll free)
Email: info@vestcor.org
Website: vestcor.org

IMPORTANT: Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format

August 2023