



DECLARATION OF CHANGE OF NAME

(FIRST OR MIDDLE NAME ONLY)

PERSON ID	
WorkSafeBC Pension Plan PO Box 9460 Victoria BC V8W 9V8	
Web	worksafe.pensionsbc.ca
Toll-free (Canada/U.S.)	1-888-440-0111

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)

FORMER FIRST OR MIDDLE NAME		CURRENT ADOPTED NAME(S)	
NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE			DATE OF BIRTH <small>YYYY-MM-DD</small>
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.

SIGNATURE OF PLAN MEMBER	DATE SIGNED <small>YYYY-MM-DD</small>
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Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Workers Compensation 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.