

1. Member Information

Name <small>(First) (Middle Initial) (Last)</small>		
Date of Birth <small>(dd-mm-yyyy)</small>	Social Insurance Number	
Address <small>(Street Number and Name) (Apartment or Suite)</small>		
<small>(City) (Province) (Postal Code)</small>	Tel. Number <small>(day)</small>	
E-mail Address	Tel. Number <small>(evening)</small>	

2. Change of Address

Address <small>(Street Number and Name) (Apartment or Suite)</small>		
<small>(City) (Province) (Postal Code)</small>	Tel. Number <small>(day)</small>	
E-mail Address	Tel. Number <small>(evening)</small>	

3. Name Change

Name <small>(First) (Middle Initial) (Last)</small>
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4. LAPP Service

Total LAPP Service as of December 31, 20__ __ LAPP Statement* is __ __ . __ __ __ __

I have included a copy of my most recent LAPP Statement

5. Signature & authorization

By signing below, I confirm that the information on this form is, to the best of my knowledge and belief, complete and accurate. I understand that the above designation will cancel and replace any previous designation I may have filed with the APEX Supplementary Pension Plan.

Signature Date

(DD-MM-YYYY)

Please complete and return to:

Alberta Municipalities Retirement Services 300-8616 51 Avenue Edmonton, AB T6E 6E6 ■ retirement@abmunis.ca