NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᐅᖅᑕᖅᑐᒥᑯᓴᓇᔨᑦᑯᑯ ᐃᑲᔪᓯᐊᖅᑖᕈᑎᒋᓐᓂᖅᑕᖅᒋᓐᓄᑦ ᐱᔨᓯᕋᖅᑏᑦ
5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

ADDRESS CHANGE FORM PENSION

PLEASE PRINT CLEARLY IN BLUE INK AND RETURN ORIGINAL SIGNED FORM TO THE NEBS OFFICE.

Member Last Name _____ SIN: _____

Member First Name: _____ Birth Date: dd / mm / yyyy

I am (Please Check One):

- ☐ An Active Employee **Employer Name:** _____
- ☐ A Deferred Pensioner (waiting to receive my NEBS Pension)
- ☐ A Retired Pensioner (currently receiving my NEBS Pension)
- ☐ A Beneficiary (beneficiary of a deceased NEBS Pension member)

PREVIOUS ADDRESS

Street Address: _____

City: _____ Prov/Terr: _____ Postal Code: _____

Phone Number: _____ Email: _____

NEW/CURRENT ADDRESS

Street Address: _____

City: _____ Prov/Terr: _____ Postal Code: _____

Phone Number: _____ Email: _____

Effective Date: _____

AUTHORIZATION

NORTHERN EMPLOYEE BENEFITS SERVICES PRIVACY STATEMENT: Northern Employee Benefits Services (NEBS) is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

I declare that the information provided is true, complete and accurate.

_____ _____

Member Signature Date

FOR NEBS OFFICE USE ONLY

Employee ID: _____ Entered By: _____

Date: _____ Comments: _____