

Retiree Address Change Form

Please complete and return this form to Human Resources Serthat any future mailings are properly addressed. Thank you. (
	McMaster ID:
Status: McMaster Retiree Spouse of N	McMaster Retiree Deferred Member
Name:	T NAME MIDDLE INITIAL TITLE
NEW ADDRESS: STREET ADDRESS:	
CITY	PROVINCE
COUNTRY	POSTAL CODE
TELEPHONE NUMBER	EFFECTIVE DATE (DD/MM/YY)
PREVIOUS ADDRESS: STREET ADDRESS: CITY	PROVINCE
COUNTRY	POSTAL CODE
TELEPHONE NUMBER	,
PLEASE NOTE THAT YOUR NEW ADDRESS AND PHON INFORMTION WILL BE FORWARDED TO SUNLIFE, CIBC ME McMASTER UNIVERSITY RETIREE ASSOCIATION. I confirm that the above information is accurate as of this date	RETURN THIS FORM TO: McMaster University Human Resources Services 1280 Alan Street West, CSB 202
Signature Date	Website: hr.mcmaster.ca
The information gathered on this form is collected under the authority of the <i>McMaster University Act</i> , 1976. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the <i>Freedom of Information and Protection of Privacy Act</i> of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, McMaster University.	HUMAN RESOURCES SERVICES USE ONLY System Updated Updated Sun Life Informed MURA Informed CIBC Mellon