



Retiree Address Change Form

Please complete and return this form to Human Resources Services at the address indicated below, so that we can ensure that any future mailings are properly addressed. Thank you. (PLEASE PRINT CLEARLY)

McMaster ID: _____

Status: McMaster Retiree Spouse of McMaster Retiree Deferred Member

Name: _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	TITLE
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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 PHONE NUMBER INFORMATION WILL BE FORWARDED TO SUNLIFE, CIBC MELLON, AND McMASTER UNIVERSITY RETIREE ASSOCIATION.

I confirm that the above information is accurate as of this date.

Signature *Date*

RETURN THIS FORM TO:

McMaster University
 Human Resources Services
 1280 Main Street West, GH 304
 Hamilton, ON L8S 4L8

Phone: (905) 525-9140 ext. 22247
 E-mail: hr.mcmaster@mcmaster.ca
 Website: hr.mcmaster.ca

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<p>HUMAN RESOURCES SERVICES USE ONLY</p> <p>_____ System Updated</p> <p>_____ Updated Sun Life</p> <p>_____ Informed MURA</p> <p>_____ Informed CIBC Mellon</p>

DATE STAMP
