MANITOBA MUNICIPAL EMPLOYEES BENEFIT PROGRAM
PERSONAL INFORMATION UPDATE FORM

SECTION 1 – MEMBER INFORMATION ON RECORD

Last Name	First Name	Date of Birth (yyyy/mm/dd)

SECTION 2 – CHANGE OF PERSONAL INFORMATION

Note: Select the applicable box and provide only the information that has been changed. Certain changes may require supporting documents.

Part A – Change of Member Information

☐ Contact Information	Home Phone	Cell Phone
	Email Address	
	Mailing Address	
	(Street Address/Box No.) (Unit No.) (City/Town) (Province) (Postal Code)	

☐ Legal Name	Last Name	First Name
	Proof required: Name Change Certificate / Driver's License / Marriage Certificate / Other Supporting Document	

☐ Marital Status	☐ Single ☐ Married ☐ Common-law ☐ Divorced ☐ Widowed ☐ Other, please specify:
	Proof required: Marriage Certificate / Divorce Certificate / Separation Agreement / Court Order / Other Supporting Document

☐ Social Insurance Number	
	Please attach: SIN Confirmation Letter / SIN Card / Other Supporting Documents

☐ Date of Birth	_____ (yyyy/mm/dd)
	Proof required: Driver's License / Birth Certificate / Other Supporting Documents

☐ Gender	☐ Male ☐ Female
	Proof required: Birth Certificate / Driver's License / Other Supporting Documents

Part B – Change of Spouse or Common-law Information

☐ Spouse Name	Last Name	First Name

☐ Spouse Date of Birth	_____ (yyyy/mm/dd)

Part C – Change of Employment Information (To be completed by employer only)

☐ Hire Date	_____ (yyyy/mm/dd)	Reason for Change:
☐ Plan Entry Date	_____ (yyyy/mm/dd)	Reason for Change:

SECTION 3 – AUTHORIZATION, DECLARATION AND CONSENT

Collection, Use and Disclosure of Personal Information

The administrator of your group pension plan is Coughlin & Associates Ltd. ("Coughlin"). Personal information (including the SIN) is collected and used to administer members' pension benefits. The information collected may be disclosed to other organization, or person including the Trustees, Financial Institutions, Insurers and Government Agencies for the administration of pension plan, tax reporting identification, and use of the foregoing information for statistical purposes.

Retention of Personal Information

We retain personal information for only as long as it is needed to accomplish the purpose for which it was collected, or as needed for authorized, legitimate. or legal purposes. We recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our facilities or in the facilities of an organization that we authorize. We limit access to information in your file to our personnel or other persons we authorize, who require the information to perform their duties with respect to these plans, to persons to whom you have granted access, and to persons authorized by law.

Access to Personal Information

Members and Participating Employers have a right to request access to and correction of any personal data. Requests can be made in writing to the Privacy Officer at 1403 Kenaston Blvd., Winnipeg, MB R3P 2T5.

I understand and agree to the terms of the Personal Information Collection Statement as set out in this form.

I declare that to the best of my knowledge and belief, the information given and statements made in this form and / or its attachment(s), if any, are true, correct and complete.

☐ I am the member identified in this form.

Member's Signature	Date (yyyy/mm/dd)

☐ I am an authorized person representing the member's employer.

Employer Number	Employer Name

Authorized Person's Signature	Date (yyyy/mm/dd)

THE MANITOBA MUNICIPAL EMPLOYEES BENEFIT PROGRAM C/O COUGHLIN & ASSOCIATES LTD.
Mail: PO Box 764, Winnipeg, MB R3C 2L4 | Tel: 204-926-7979 | Toll-Free: 1-800-432-1908
Fax: 204-943-5998 | Email: pensionrequestsmebp@coughlin.ca

v202507

Page 2 of 2