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: ____/____/____/____/____/____/_____

SIN (Optional): _____ - _____ - _____

Status: ☐ McMaster Retiree ☐ Spouse of McMaster Retiree ☐ Deferred Member

Name: _____
LAST NAME FIRST 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 PHONE NUMBER INFORMTION 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, CSB 202
Hamilton, ON L8S 4L8

Phone: (905) 525-9140
Fax: (905) 540-9085
E-mail: hrservicecentre@mcmaster.ca
www.workingatmcmaster.ca

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HUMAN RESOURCES SERVICES USE ONLY

_____ System Updated
_____ Updated Sun Life
_____ Informed MURA
_____ Informed CIBC Mellon

DATE STAMP