



FOR OFFICE USE ONLY

STP MEMBER NO. _____

Change of Address Notice:

I would like to change my contact details to reflect the following:

Member Name: _____

Member Account Number: _____ Date of Birth: _____

Mailing Address: _____

Email Address: _____

Cell Phone: _____ Phone: _____

By signing this document I hereby authorize the Administrators of the Silver Thatch Pensions Plan and their Agents to make the necessary amendments to my account

Signature of Member

Date