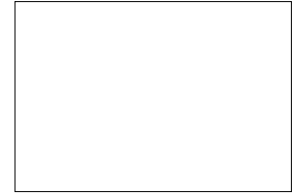




Contact Information Change Form



If you are completing this form manually, print clearly in ink. All manual corrections must be initialed in ink.

Name: _____
Last name First name Middle initial

HEB ID Number: _____ OR Last Four Digits of SIN: _____

We need your HEB ID Number or the last four digits of your Social Insurance Number (SIN) for identification purposes.

Birth Date: _____
DD MMM YYYY

Old Contact Information

Mailing Address: _____
City/Town Province Postal Code

Physical Address: _____
City/Town Province Postal Code

Complete the physical address section only if it is not the same as your mailing address.

Home Phone: _____ Mobile Phone: _____

Personal Email: _____

New Contact Information

Residency Status (for tax purposes): Resident of Canada (Physical address should be in Canada)
 Non-Resident of Canada

Mailing Address: _____
City/Town Province Postal Code

Physical Address: _____
City/Town Province Postal Code

Complete the physical address section only if it is not the same as your mailing address.

Home Phone: _____ Mobile Phone: _____

Personal Email: _____

Effective date of changes: _____
DD MMM YYYY

Signature

Member Signature: _____ Date Signed: _____
DD MMM YYYY