La Capitale

CHANGE OF MAILING ADDRESS AND EMAIL ADDRESS FORM

Client no: _____

1 CONTRACTHOLDER'S IDENTIFICATION

Last name _____ First name _____

2 CHANGES REQUESTED

Effective date: |_|_|_|_|_|_|_|_|
Year Month Day

Address (No., street, apt.) _____

City _____ Province _____ Postal code |_|_|_|_|_|_|

Country _____

Area code |_|_|_| Home tel. |_|_|_|_|_|_|_| Area code |_|_|_| Work tel. |_|_|_|_|_|_|_| (extension) _____ Area code |_|_|_| Cell tel. |_|_|_|_|_|_|_|

Email address _____

3 CONTRACTHOLDER'S DECLARATION

I have verified the information contained in this form and certify it to be true.

Signed at _____ on this _____ day of _____ 20 _____.

X _____
Contractholder's signature

La Capitale Civil Service Insurer Inc.
625 Jacques-Parizeau St, Quebec QC G1R 2G5

IND047E (11-2017)