



MEMBERS' DATA UPDATE FORM

A. IDENTIFICATION INFORMATION

Account No. _____ Group No. _____

Title: Mr. Mrs. Ms. Marital Status: Single Married Divorced Widowed Separated Common Law

First Name: _____ Middle Name _____

Surname: _____ Gender: Male Female

Date of Birth: ____ / ____ / ____ Place of Birth: _____ Age: _____ PIN# _____
YYYY MM DD

Nationality: _____ Other (please specify): _____

Resident: Yes No If "No", state Country of Residence _____ SSN _____

Home Address: _____

Mailing Address (if different from above) _____

Telephone Numbers: Home () _____ Mobile: () _____

Email Address: _____

B. VERIFICATION OF IDENTITY AND ADDRESS: (Original documents must be submitted)

Type of ID (2 forms of ID)	Number	Country of Issue	Expiry Date (yy/mm/dd)
National ID			
Driver's Permit			
Passport			

Address Verification : Utility Bill (Electricity/Water/Telephone/Cable Current Bank Statement

C. EMPLOYMENT DETAILS:

Classification: Private Sector Public Sector Self-Employed Retired Homemaker Student

Employer Name:	If Self Employed or with side business please complete
	Name of Business:
Employer Address:	Type of Business:
Occupation:	Business Address:
Employer Phone No. ()	
School :	Occupation:
Status: Permanent <input type="checkbox"/> Temp <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/>	Business Tel. No.:

Gross monthly Income: \$1,000 - \$5,000 \$5,000 - \$10,000 \$10,000 - \$15,000 \$15,000 - \$20,000 >\$20,000

D. APPOINTMENT OF NOMINEE / BENEFICIARY: **

In the event of death I, _____ hereby nominate the following person(s) to receive any monies accruing to me in the Society:

1. Name: _____ Rel. to Member: _____ DOB: ____ / ____ / ____
YYYY MM DD

Address: _____

ID/DP/PP#: _____ Phone # _____ Cell #: _____ Percent _____

2. Name: _____ Rel. to Member: _____ DOB: ____ / ____ / ____
YYYY MM DD

Address: _____

ID/DP/PP#: _____ Phone # _____ Cell #: _____ Percent _____