Memorial University Pension Plan
Pension Data Adjustment Form

Plan Member Identification

Name: ______________________________
(please print)

Employee ID#: ______________________________
(see pension plan statement for ID#)

Marital Status

Single (  )
Married (  )
Common Law (  )
Divorced (  )
Separated (  )

Spousal Information:

Name: ______________________________

Date of Birth: _________________________

Gender: _____________________________

If you do not wish to complete all or parts of this section it will not impact your pension entitlement or that of your surviving principal beneficiary upon your death. Survivor benefits are determined at the date of death and will be payable to the surviving principal beneficiary at that time, if there is one. The “divorced” or “separated” categories are included in the event that your pension has been or might be divided thereby affecting your own pension on retirement. Pension divisions that have already occurred or will occur are not reflected in annual statements.

Other

Please note other data discrepancies:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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