

To: The Pulp and Paper Industry Pension Plan  
c/o TELUS Health, Plan Administrator  
768 Seymour Street, 11th floor  
Vancouver, BC V6B 3K9

Name: \_\_\_\_\_

S.I.N. \_\_\_\_\_

**1. Change of Address**

Please mail future Plan statements to my new address as follows:

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Application for Benefits**

I wish to apply for pension benefits as of the first day of \_\_\_\_\_, \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

I am not employed with a participating employer of The Pulp and Paper Industry Pension Plan or in receipt of any time loss benefits because of sickness or injury while employed with a participating employer.

Please send me the necessary application for pension.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature