



T2011 Registered Pension Plan Change of Information Form

Name of plan			Plan registration number	
Section 1 – Change of address or contact person of the plan sponsor (If there is a change of plan sponsor, please use Form T920, <i>Application to Amend a Registered Pension Plan</i> .)				
Plan sponsor				
Contact person				
Address				
City	Province	Postal code	Telephone - -	
Business Number		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French		
Section 2 – Change of address or contact person of the pension plan administrator (If there is a change of pension plan administrator, as defined in subsection 147.1(6) of the <i>Income Tax Act</i> , please use Form T920, <i>Application to Amend a Registered Pension Plan</i> .)				
Name of pension plan administrator		Same address as plan sponsor <input type="checkbox"/>		
Contact person				
Address				
City	Province	Postal code		
Telephone - -		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French		
Section 3 – Change of consultant or address of the consultant				
Name of consultant (new)				
Contact person				
Address				
City	Province	Postal code		
Telephone - -		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French		

Section 4 – Change of address or contact person of the trustee*(If there is a change of corporate or individual trustee, please use Form T920, Application to Amend a Registered Pension Plan.)*

Name of trustee

Contact person

Address

City

Province

Postal code

Telephone

- -

Language of correspondence

English

French

Section 5 – Change of address or contact person of the insurer*(If there is a change of insurer, please use Form T920, Application to Amend a Registered Pension Plan.)*

Name of insurer

Contact person

Address

City

Province

Postal code

Telephone

- -

Language of correspondence

English

French

Section 6 – CertificationAs an **authorized representative** of the administrator of the pension plan noted above, I, _____

_____, certify that the information given on this form is, to the best of my knowledge,

(please print)

correct and complete.

Date

Signature

Telephone