

**PEI Civil Service Superannuation Fund
Notification of Change**

A. Personal

SIN	
Last Name	
First Name	
Other Name	
Initial	

Change of Name

Last Name	
First Name	
Other Name	
Initial	

Change of Mailing Address:

1	
2	
3	
4	
Postal Code	

B. Employment (Complete only if employment data has changed)

Employer Name	
Employee ID no. (if applicable)	
Employment Type	Regular, Part-time
Work %	
Department Code	
Effective Date of Change	

Note: Department Code only needs to be completed by Government of PEI departments.

C. Pension (Complete only if pension data has changed)

Standard Hours	75 hours or 80 hours
Effective Date of Change	

Submitted by _____ Date _____

For Office Use Only

Entered into Ariel by: _____ Date _____