

TPWOF Name Change Form

Member Name, Address and Contact Information

Instructions:

Please complete information below, then sign and date where indicated to authorize the changes to your TPWOF record. Your personal information is being collected for administrative purposes only. Return your completed form to TPWOF.

First Name: (Required)	Last Name: (Required)	Badge Number: (Required)
Name Change Only – Previous Name:		Date of Birth: (Required)
Home Address and/or Mailing Address:		
City, Province and Postal Code:	Home Phone #	Mobile Phone #
Email:		
Member Signature: (Required)		Today's Date:

Office Purposes Only	
CEO Signature:	Approval Date:

Please return your updated Name Change Form to the TPWOF office through internal mail or Canada Post to 2075 Kennedy Rd., Suite 200, Toronto, ON M1T 3V3 or electronically to admin@tpwof.ca .

If you have any questions, or to require a form to update your beneficiary or contact information, please download the form(s) from our website or call our office at 416-502-8711 or email us at admin@tpwof.ca .