



**FIRM CONTACT & ADDRESS CHANGE FORM**



**Firm Information**

Firm Name \_\_\_\_\_ Firm # \_\_\_\_\_

New Contact

New Contact Name (please print) \_\_\_\_\_

New Contact Signature \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Contact

Contact Name (please print) \_\_\_\_\_

Contact Signature \_\_\_\_\_

Email Address \_\_\_\_\_

New Address

Address \_\_\_\_\_

\_\_\_\_\_

City

Province

Postal Code



**Authorization**

Authorized Official Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**(Please print your name and Title)**

YYYY/MM/DD

**Please fax this form to our office at (204) 774-6698 or 1-800-457-8410 or mail to:  
Chambers of Commerce Group Insurance Plan  
582 King Edward Street  
Winnipeg, Manitoba R3H 0P1**

*Desjardins Insurance, ACE INA Insurance and Western Life Assurance Company are the primary insurers for the Plan.  
Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company*