

## Firm Contact & Address Change Form

### FIRM INFORMATION

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

#### New Contact

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

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

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

#### Additional Contact

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

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

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

#### Delete Contact

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

#### 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®**  
**1051 King Edward Street**  
**Winnipeg, Manitoba R3H 0R4**  
**chambers@johnstongroup.ca**