



RECORD UPDATE FORM

Agent Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
State Code	<input type="text"/>	<input type="text"/>	<input type="text"/>

RSA PIN

P	E	N																			
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First Name

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Middle Name

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Surname

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I would like to update some aspect(s) of my record(s). I hereby authorize you to update the following record(s):

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Any application for change of name should be supported with a marriage certificate or sworn affidavit and newspaper publication as well as employer affirmation of the change of name (if any).

Signature & Date _____

For Official Use Only

Supporting documents attached:

Newspaper Publication Marriage Certificate Sworn Affidavit Others

Relationship Officer

Head, Operations

Further enquiries visit our website
www.gtpensionmanagers.com

Note: that completed form may be scanned and sent to