

Stakeholder Request for a Plan Change

Requested by:

Address:

Telephone:

Email:

Please check the applicable box below.

I am a:

Member

Retiree

Employer

Other (please specify):

Proposed Change to Current Provision

1. General description of current provision:

2. Proposed change(s) to current provision:

Stakeholder Request for a Plan Change

3. **Proposed effective date of change:**

4. **Who is impacted by the change and any variations thereof (i.e. all members, all new members or a subset of either: deferred members, retired members, employers; etc):**

5. **Provide key rationale for change:**

Any questions should be referred to Phil Rivard, Vice President Pension Policy and Funding at Phil.Rivard@lapp.ca.

Please send your completed form to:

Mail: LAPP Corporation
PO BOX 1315
Edmonton, AB T6R 3P2

Fax: 780-427-5030

Email: letterstolapp@lapp.ca