



Bermuda Public Services Union
P.O. Box HM 763 Hamilton, Bermuda HM CX
Tel: (441) 292-6985 or 292-6484 Fax: (441) 292-1149 Email: info@bpsu.bm



Membership Savings Scheme Change Form

To: The Treasurer, Bermuda Public Services Union

Full Name _____

Employer _____

Department _____

Full Name of Beneficiary _____

Address of Beneficiary _____

Telephone Number of Beneficiary _____

I, the undersigned, hereby authorize the TREASURER of the B.P.S.U. to INCREASE /
DECREASE / DELETE my monthly savings from the amount of \$ _____ to
\$ _____ with effect from _____ and to continue until such time
that I give notification in writing of further change or termination.

Date _____ Signed _____

Please Note: The cut-off date for changes will be the last day of the month before the month that the changes are to be effective... e.g. October 31 for November 30 changes. Absolutely no adjustments will be allowed for the period August 1 to October 31.