



Labourers' Pension Fund
OF CENTRAL AND EASTERN CANADA

LPF Pension Plan Enrollment Card

Local Union	Social Insurance Number	Last Name	First Name	Middle Initial
Apt # / Unit #	House / Building # and Street Name		PO Box / RR #	City
Province	Postal Code	Telephone Home: Cellular:	Email:	
Sex: (circle) M F	Date of Birth Y/ M/ D/	Marital Status (Please check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
If Married, Date of Marriage: (if Common-Law Partner, Date of Cohabitation): Year/ Month/ Day/				
Last Name of Spouse or Common-Law Partner		First Name	Middle Initial	Sex (circle) M F
				Date of Birth Y/ M/ D/

Please note: I understand that the information provided above (including my social insurance number) may be disclosed to third parties for the purpose of administering my pension benefits and I hereby consent to the use and disclosure of this information for such purposes.
I acknowledge that it is my responsibility to advise the Labourers' Pension Fund of any change of address and marital status.

FOR OFFICE USE ONLY
Analyst Initial:
Date:

Member's Signature _____

Date yyyy/mm/dd

PLEASE MAIL TO: Labourers' Pension Fund, P.O. Box 9002, Lakeshore West PO, Oakville ON L6K 0G1
QUESTIONS? Please call 289-291-3663 or 1-866-932-1100