

MEMBER INFORMATION

SIN or LPF Member ID Number		Last Name		First Name and Initial	
Date of Birth (dd/mm/yyyy)		Sex (please circle) M F		Email	
Address			City		Prov
Postal Code	Country	Home Phone	Mobile Phone	Work/Daytime Phone	

MARITAL STATUS

If you are separated or divorced, please provide our office with certified copies of all court orders and/or agreements about your separation or divorce. If you are widowed, please provide our office with a copy of your Spouse's death certificate.

Married
 Common-law
 Divorced
 Separated
 Widowed
 Single

If Married: Provide date of marriage

If Common-Law: Provide date of cohabitation

DATE: ____/____/____
 dd mm yyyy

Spouse or Common-Law Partner

Last Name	First Name	Initial	Sex (please circle) M F	Social Insurance Number	Date of Birth (dd/mm/yyyy)
-----------	------------	---------	------------------------------------	-------------------------	-------------------------------

Additional Information

Do you have BOTH (a) a Spouse to whom you are married, but from whom you are separated but not divorced, and (b) a Common-Law Partner?

Yes No

If you answered "Yes" complete the information below for each Spouse/Common-Law Partner.

Former Spouse's Last Name	First Name	Middle Name	Date of Birth (dd/mm/yyyy)
Common-Law Partner's Last Name	First Name	Middle Name	Date of Birth (dd/mm/yyyy)

BENEFICIARY DESIGNATION

You may use the following section to designate a Beneficiary(ies) to receive:

- (a) Pre-retirement death benefits payable under the Plan if you die before beginning to receive a pension; and
- (b) The remaining balance of the pension payments in the 60-payment guarantee period, if applicable, if you die after beginning to receive a pension, but before receiving 60 payments.

IMPORTANT: Please read carefully before completing the next section

1. Pre-retirement death benefits must be paid in accordance with applicable law. This may mean that pre-retirement death benefits must be paid to a person other than the person(s) you designate as a Beneficiary.
2. In most cases, the person who is your Spouse or Common-Law Partner on your date of death is automatically, by law, entitled to any pre-retirement death benefits payable under the Plan – even if you do not designate him/her as a Beneficiary. He/she may elect to waive his/her right to receive any pre-retirement death benefits.

3. If you do not have an eligible Spouse or Common-law Partner on your date of death (or your Spouse/Common-law Partner has waived her/his rights to a benefit upon your death) and/or no Beneficiary(ies) is named or the named Beneficiary(ies) dies before you, any Plan benefits payable following your death will be paid to your Estate.

PRIMARY BENEFICIARY: Percentage Allocation Must Equal 100% or check this box to allocate any benefits payable to be divided equally among all your primary beneficiaries. If you require more space, attach and sign a separate page.

Name	Relationship	Social Insurance Number	Percentage
Address		Date of birth (dd/mm/yyyy)	_____%
Name	Relationship	Social Insurance Number	Percentage
Address		Date of birth (dd/mm/yyyy)	_____%

SECONDARY BENEFICIARY: For non-spouse beneficiaries only in the event that your primary beneficiary(ies) dies before you. Percentage Allocation Must Equal 100% or check this box to allocate any benefits payable to be divided equally among all your secondary beneficiaries. If you require more space, attach and sign a separate page.

Name	Relationship	Social Insurance Number	Percentage
Address		Date of birth (dd/mm/yyyy)	_____%
Name	Relationship	Social Insurance Number	Percentage
Address		Date of birth (dd/mm/yyyy)	_____%

AUTHORIZATION AND SIGNATURE (This section must be completed)

I, _____ hereby revoke any previous designation(s) made by
(print name)

me and designate the person(s) named in this form as the person(s) entitled to receive certain benefit payments from the Labourers' Pension Fund of Central and Eastern Canada payable following my death. I hereby declare that the information I have provided in this form is true and accurate. I understand that the information provided above (including my social insurance number) is used and may be disclosed to third parties for the purpose of administering my pension benefits (including complying with federal tax reporting laws) 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 Central and Eastern Canada of any change of address, marital status and/or Beneficiary information.

Signature	Date (dd/mm/yyyy)
-----------	-------------------