Labourers' Pension Fund
OF CENTRAL AND EASTERN CANADA

CHANGE OF INFORMATION FORM
LPF Member

Use this form to update or change your personal information. To make changes to your name/social insurance number and/or marital status, we require certified copies of official documentation to accept the change. To change your beneficiary, please complete the Beneficiary Designation Form.

CURRENT INFORMATION (This section must be completed)

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	

UPDATED INFORMATION (Complete only the information that you want to change)

Update/Change Address/Email/Telephone Number (please print)

Address	City	Province
Postal Code	Country	Email Address
Home Phone	Mobile Phone	Work/Daytime Phone

Update Name/Date of Birth (Please provide a certified copy of your Proof of Age or Name Change Document)

Last Name	First Name
Middle Name	Date of Birth (dd/mm/yyyy)

Update Social Insurance Number (Please provide official proof from Service Canada)

New Social Insurance Number	Issued Date

Update Marital Status (Please provide a certified copy of your Marital Status Document)

If you are separated or divorced, please provide our office with 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

Update Spouse or Common-Law Partner

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

AUTHORIZATION AND SIGNATURE (This section must be completed)

I, _____ authorize the changes noted above.
(print name)

Signature:	Date: (dd/mm/yyyy)

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