

PENSIONER/BENEFICIARY 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 - Is this a new address? (please circle) YES NO				City		Prov	
Postal Code	Country	Home Phone	Mobile Phone	Work/Daytime Phone			

BANKING INFORMATION (Must be completed by Financial Institution)

Please complete the banking information below and attach a void cheque

Financial Institution Name		Address			City	Prov
Institution Number	Transit Number		Account Number			
Name(s) of account holder(s)				Signature of Financial Institution Official		
Telephone/ Fax number of Financial Institution				Date (dd/mm/yyyy)		

AUTHORIZATION AND SIGNATURE (This section must be completed)

I, _____ hereby authorize the Labourers'
(print name)
Pension Fund of Central & Eastern Canada to deposit, until further notice, my monthly pension payment into my account noted herein by means of Direct Deposit.

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