

<b>MEMBER INFORMATION</b>					
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	
<b>I am consenting to have disclosed the following information:</b>					
<input type="checkbox"/> Annual Benefit Statement <input type="checkbox"/> Detailed Employment Work History Report <input type="checkbox"/> Employee Work History Printout <input type="checkbox"/> Service Canada Employment History <input type="checkbox"/> Initial Payment Letter <input type="checkbox"/> Marriage Breakdown documentation			<input type="checkbox"/> Pension Estimate <input type="checkbox"/> Payment Election Documentation <input type="checkbox"/> Pension Application <input type="checkbox"/> Termination Documentation <input type="checkbox"/> Other (please describe) <hr style="width: 100%;"/>		
<b>This Authorization is valid:</b>					
<input type="checkbox"/> For this request only <input type="checkbox"/> Until I withdraw the consent or cease to be a Member of the Fund					
<b>AUTHORIZATION AND SIGNATURE</b>					
I, _____ hereby declare that I am a member of the Labourers' Pension Fund of Central and Eastern Canada (the Fund), and I hereby consent to the Fund's disclosure of information regarding my pension to the following person/organization representative: <div style="text-align: center; margin-top: 10px;">(print name)</div>					
<b>Name of Authorized Person/Organization and Title</b>					
Address					
City		Province		Postal Code	Country
<b>Signature of Member</b>				Date (dd/mm/yyyy)	
<b>Signature of Witness</b> (The witness cannot be the person being authorized by the Member)				Date (dd/mm/yyyy)	