

Please return this form to the LPF Office by regular mail. Faxed/scanned copies are not accepted by Service Canada.

MEMBER'S INFORMATION				
Social Insurance 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
AUTHORIZATION AND SIGNATURE				
<p>I, _____ hereby authorize the Labourers' Pension Fund of (print name)</p> <p>Central and Eastern Canada to request any information concerning my employment history/record of earnings from Service Canada and I authorize Service Canada to provide the Labourers' Pension Fund of Central and Eastern Canada with this information.</p>				
Signature			Date (dd/mm/yyyy)	