



MEMBER INFORMATION

LPF Member ID	Date of Birth (yyyy/mm/dd)	Home Local	Gender
Last Name	First Name	Middle Name	
Address			Apt/ Suite #
City	Province	Postal Code	Country
Email	Primary Phone	Other 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

➤ Date _____ (yyyy/mm/dd)

If Common-Law: Provide date of cohabitation

➤ Spouse or Common-Law Partner

Social Insurance Number	Date of Birth (yyyy/mm/dd)	Gender
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____

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

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 them as a Beneficiary. They may elect to waive their right to receive any pre-retirement death benefits.

BENEFICIARY DESIGNATION (CONT'D)

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 their 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: For members with a Spouse, if you are completing this before retirement, your Spouse is automatically your primary beneficiary, by law.** If your Spouse has waived this right, please name an alternate beneficiary. If completing this on or after retirement, and your Spouse has waived their right to a joint and survivor benefit, you may name anyone as your primary beneficiary. Ensure the total percentage allocation equals 100% or check this box to divide the benefit equally among all primary beneficiaries. If you require more space, attach, and sign an additional page.

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

► **SECONDARY BENEFICIARY: Applicable 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 (yyyy/mm/dd)	_____ %
Name	Relationship	Social Insurance Number	Percentage
Address		Date of Birth (yyyy/mm/dd)	_____ %

AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)

I, _____, (print name) hereby revoke any previous designation(s) made by me and designate the person(s) named in this form as the person(s) entitled to receive certain benefit payments from the LiUNA 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 LiUNA Pension Fund of Central and Eastern Canada of any change of address, marital status and/or Beneficiary information.

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