

PENSIONER/BENEFICIARY INFORMATION

SIN or LPF Member ID Number				Date of Birth (yyyy/mm/dd)				Gender	
Last Name				First Name				Middle Name	
Address								Apt/Suite #	
City				Province		Postal Code		Country	
Email				Primary Phone			Other 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						Province		Postal Code	
Institution Number			Transit Number			Account Number			
Name(s) of account holder(s)									
Signature of Financial Institution Official					Telephone/ Fax Number of Financial Institution			Date (yyyy/mm/dd)	

AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)

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

Signature					Date (yyyy/mm/dd)				
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