

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)

Financial Institution Name									
Address									
City						Postal Code		Country	
International Bank Account Number (IBAN)									
BIC SWIFT					ABA No. (USA only)			Currency Code	
Account Type									
					<input type="checkbox"/> Chequing		<input type="checkbox"/> Savings		
Name(s) of account holder(s)									
Signature of Financial Institution Official									

AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)

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

I hereby agree to accept the exchange rate applied to the said payment and I am aware that my payment may vary from month to month depending on the exchange rate that is applied on the last banking day of the month. I hereby agree to have the monthly service fee (\$0.25 to \$1.00) deducted from my net payment in Canadian dollars.

I acknowledge that I am responsible for advising the LPF of any changes of banking information and/or mailing address and that failure to do so may lead to additional service fees or a temporary suspension of benefits.

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