



LiUNA! Pension Fund
OF CENTRAL AND EASTERN CANADA

ENROLLMENT CARD

FOR OFFICE USE ONLY
LPF ID #

MEMBER INFORMATION

Social Insurance Number (9 digits only)	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 (Please check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Date of Marriage / Cohabitation (yyyy/mm/dd)
---	--

Last Name of Spouse / Common-Law Partner	First Name	Gender	Date of Birth (yyyy/mm/dd)
--	------------	--------	----------------------------

I understand that the information provided above (including my social insurance number) may be disclosed to third parties for the purpose of administering my pension benefits 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 any change of address and marital status.	Date Stamp (Office Use Only)	
Member's Signature	Date (yyyy/mm/dd)	

PLEASE MAIL TO: LiUNA Pension Fund, P.O. Box 9002, Lakeshore West PO, Oakville ON L6K 0G1
QUESTIONS? Please call 289-291-3663 or 1-866-932-1100