



PERSONAL INFORMATION (This section must be completed)			
SIN / LPF Member ID Number	Date of Birth (yyyy/mm/dd)		Gender
Last Name	First Name	Middle Name	
Email	Primary Phone	Other Phone	
PREVIOUS ADDRESS			
Address			Apt/ Suite #
City	Province	Postal Code	Country
UPDATED ADDRESS / INFORMATION			
Update/Change Address (Please print)			
Address			Apt/ Suite #
City	Province	Postal Code	Country
Update/ Change Personal Information (Please print)			
Email			
Primary Phone		Other Phone	
AUTHORIZATION AND SIGNATURE (This section must be completed)			
I, _____ authorize the changes noted above. (print name)			
Signature		Date (yyyy/mm/dd)	