

CURRENT INFORMATION (This section must be completed)

SIN or LPF Member ID Number		Last Name			First Name and Initial		
Date of Birth (dd/mm/yyyy)		Sex (please circle) M F		Email			
Address				City		Prov	
Postal Code		Country		Home Phone	Mobile Phone	Work/Daytime Phone	

NEW INFORMATION (Complete only the information that you want to change)

CHANGE ADDRESS/EMAIL/TELEPHONE NUMBER (please print)

Address				City		Prov
Postal Code		Country		Home Phone	Mobile Phone	Work/Daytime Phone
Email						

CHANGE BANKING INFORMATION – Canadian Financial Institutions only (please attach a void cheque)

Financial Institution Name		Address			City	Prov
Institution Number		Transit Number		Account Number		
Name(s) of account holder(s)		Signature of Financial Institution Official				

UPDATE BANKING INFORMATION – Non-Canadian Financial Institutions only

Financial Institution Name		Address, City			Postal Code	Country
International Bank Account Number (IBAN)						
BIC SWIFT				ABA No. (USA only)		Currency Code
Name(s) of account holder(s)				Signature of Financial Institution Official		

AUTHORIZATION AND SIGNATURE (This section must be completed)

I, _____ authorize the changes noted above.
(print name)

I am the Retired Member or Beneficiary

I have property or general power of attorney for this Retiree/Beneficiary. LPF must have a certified copy of the power of attorney. If not, please mail this form along with a certified copy of the power of attorney document.

Signature	Date (dd/mm/yyyy)
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