

MEMBER INFORMATION

SIN or LPF Member ID Number		Last Name		First Name and Middle 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	

I am consenting to have disclosed the following information:

<input type="checkbox"/> Annual Benefit Statement <input type="checkbox"/> Detailed Employment Work History Report <input type="checkbox"/> Employee Work History Printout <input type="checkbox"/> Service Canada Employment History <input type="checkbox"/> Initial Payment Letter <input type="checkbox"/> Marriage Breakdown Documentation	<input type="checkbox"/> Pension Estimate <input type="checkbox"/> Payment Election Documentation <input type="checkbox"/> Pension Application <input type="checkbox"/> Termination Documentation <input type="checkbox"/> Other (please describe) _____
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This Authorization is valid:

<input type="checkbox"/> For this request only <input type="checkbox"/> Until I withdraw the consent or cease to be a Member of the Fund

AUTHORIZATION AND SIGNATURE

I, _____ hereby declare that I am a member of the LIUNA
 (print name)
 Pension Fund of Central and Eastern Canada (the Fund), and I hereby consent to the Fund's disclosure of information regarding my pension to the following pension/organization representative.

Name of Authorized Person/Organization and Title

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Address

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City	Province	Postal Code	Country
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Signature of Member

Date (dd/mm/yyyy)

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Signature of Witness (The Witness cannot be the person being authorized by the Member)

Date (dd/mm/yyyy)

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