



PENSIONER/BENEFICIARY INFORMATION

SIN / 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)

Please complete the banking information below and attach a void cheque

Financial Institution Name				
Address				
City		Province	Postal Code	
Institution Number	Transit Number	Account Number		
Name(s) of account holder(s)			Signature of Financial Institution Official	
Telephone/ fax number of Financial Institution			Date (yyyy/mm/dd)	

AUTHORIZATION AND SIGNATURE (This section must be completed)

I, _____ hereby authorize the LiUNA (Print name) Pension Fund of Central & Eastern Canada to deposit, until further notice, my monthly pension payment into my account noted herein by means of Direct Deposit.	
Signature	Date (yyyy/mm/dd)