

**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)**

Financial Institution Name				
Address				
City		Postal Code	Country	
International Bank Account Number (IBAN)				
BIC SWIFT		ABA No. (USA only)	Currency Code	
Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings				
Name(s) of account holder(s)		Signature of Financial Institution Official		

**AUTHORIZATION AND SIGNATURE (This section must be completed)**

I, \_\_\_\_\_ hereby authorize the LiUNA Pension Fund of Central & Eastern Canada (LPF) to convert Canadian Dollars to the currency of my country of residence and to deposit until further notice my monthly pension payment into my account noted herein by means of Direct Deposit.  
 (print name)

I hereby agree to accept the exchange rate applied to the said payment and I am aware that my payment may vary from month to month depending on the exchange rate that is applied on the last banking day of the month.

I hereby agree to have the monthly service fee (\$0.25 to \$1.00) deducted from my net payment in Canadian dollars.

I acknowledge that I am responsible for advising the LPF of any changes of banking information and/or mailing address and that failure to do so may lead to additional service fees or a temporary suspension of benefits.

Signature	Date (yyyy/mm/dd)
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