



**LiUNA! Pension Fund**  
OF CENTRAL AND EASTERN CANADA

# Enrollment Card

For Office Use Only

**LPF ID #**

Social Insurance Number (9 digits only)		Date of Birth (yyyy/mm/dd)		Home Local		Gender	
Last Name		First Name			Middle Name		
Address						Apt/Suite #	
City			Province		Postal Code		Country
Email			Primary Phone			Other Phone	
Marital Status (Please check one)				Date of Marriage / Cohabitation (yyyy/mm/dd)			
Single	Married	Common-Law	Separated	Divorced	Widowed		
Last Name of Spouse / Common-Law Partner			First Name		Gender		Date of Birth (yyyy/mm/dd)
Please Note: I understand that the information provided above (including my social insurance number) may be disclosed to third parties for the purpose of administering my pension benefits and I hereby consent to the use and disclosure of this information for such purposes. <b>I acknowledge that it is my responsibility to advise the LiUNA Pension Fund of any change of address and marital status.</b>						Date Stamp (Office Use Only)	
Member's Signature			Date (yyyy/mm/dd)				

**PLEASE MAIL TO:** LiUNA Pension Fund, P.O. Box 9002, Lakeshore West PO, Oakville ON L6K 0G1

**QUESTIONS?** Please call 289-291-3663 or 1-866-932-1100