

**MEMBER INFORMATION**

SIN / LPF Member ID Number	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	

**I am consenting to have disclosed the following information**

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

**This authorization is valid**

For this request only

Until I withdraw the consent (Note: if you are not a pensioner, you will have the option to name a new authorized person when you apply for your pension which will override any previously authorized persons)

**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

Address

City	Province	Postal Code	Country
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Signature of Member	Date (yyyy/mm/dd)
Signature of Witness (The Witness cannot be the person being authorized by the Member)	Date (yyyy/mm/dd)