LiUNA! Pension Fund
OF CENTRAL AND EASTERN CANADA

CHANGE OF INFORMATION FORM
Member

Use this form to update /change your personal information. To make changes to your name/ SIN and/or marital status, we require certified copies of official documentation to accept the change. To change your beneficiary, please complete the Beneficiary Designation Form.

PERSONAL INFORMATION (This section must be completed)

SIN / LPF Member ID Number	Date of Birth (yyyy/mm/dd)	Gender
Last Name	First Name	Middle Name
Email	Primary Phone	Other Phone

PREVIOUS ADDRESS

Address			Apt/ Suite #
City	Province	Postal Code	Country

UPDATED ADDRESS / INFORMATION

Update/Change Address (Please print)

Address			Apt/ Suite #
City	Province	Postal Code	Country

Update Name/Date of Birth (Please provide a certified copy of your Proof of Age or Name Change Document)

Last Name	First Name
Middle Name	Date of Birth (yyyy/mm/dd)

Update Marital Status (Please provide a certified copy of your Marital Status Document)

If you are separated or divorced, please provide our office with copies of all court orders and/or agreements about your separation or divorce. If you are widowed, please provide our office with a copy of your Spouse's death certificate.

☐ Married ☐ Common-Law ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

If Married: Provide date of marriage
If Common-Law: Provide date of cohabitation

DATE: _____ / _____ / _____
yyyy mm dd

Update Spouse or Common-Law Partner

Social Insurance Number	Date of Birth (yyyy/mm/dd)	Gender
Last Name	First Name	Middle Name

AUTHORIZATION AND SIGNATURE (This section must be completed)

I, _____ authorize the changes noted above.
(print name)

Signature	Date (yyyy/mm/dd)

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