

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		Primary Phone			
Email								Other Phone			
Old / Temporary Social Insurance Number (SIN)						New / Permanent Social Insurance Number (SIN)					

REASON FOR REQUEST

- Government SIN:** Member has earned credits under a government assigned temporary SIN and has now been provided a government assigned permanent SIN.
- Replacement SIN:** Member has been assigned a new government SIN replacing a lost or fraudulently used SIN.
- Temporary SIN:** Member has earned credits under a temporary SIN assigned by the Local Union or the LiUNA Pension Fund.
- Remittance Error:** Employer has remitted under the incorrect SIN.

All requests to merge SIN profiles and transfer contributions require a copy of your Social Insurance Number(s) and a piece of photo identification, such as Drivers License / Resident Card / Passport.

One or more of the following will be accepted as supporting documents to comply with your request:

- Sworn Affidavit
- Confirmation letter from Revenue Canada
- Confirmation letter from Contributing Employer
- Any tax receipt or pay stub displaying your full Social Insurance Number

AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)

I, _____ (print name) hereby declare that all information and records accrued during the use of my old Social Insurance Number be transferred to my new Social Insurance Number, as listed above.

Signature		Date (yyyy/mm/dd)
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