



Please return this original form to the LPF Office by regular mail. Faxed/scanned copies are not accepted by Service Canada.

MEMBER INFORMATION

Social Insurance 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		

AUTHORIZATION AND SIGNATURE

I, _____ hereby authorize the LiUNA Pension Fund of
(print name)

Central and Eastern Canada to request any information concerning my employment history/record of earnings from Service Canada and I authorize Service Canada to provide the LiUNA Pension Fund of Central and Eastern Canada with this information.

Signature		Date (yyyy/mm/dd)
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